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CITY OF MANCHESTER
EDUCATION COMMITTEE



ANNUAL REPORT

ON THE
SCHOOL HEALTH SERVICE
FOR THE YEAR

1958



EDUCATION OFFICES · DEANSGATE · MANCHESTER

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EDUCATION COMMITTEE

ANNUAL REPORT
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EDUCATION OFFICES . DEANSGATE . MANCHESTER

SCHOOL HEALTH DEPARTMENT,

EDUCATION OFFICES,

DEANSGATE, MANCHESTER, 3.

3rd March, 1959.

To the Chairman and Members of the Education Committee.

LADIES AND GENTLEMEN,

I have pleasure in presenting the Annual Report on the work of your School Health Service for the year ended December 31st, 1958.

This has been a year in which the work proceeded on much the same lines and to a similar extent as hitherto, in spite of a number of changes, particularly amongst the medical staff. Six members resigned in the Autumn and another, Dr. Thorp, was granted twelve months study leave to qualify as an ophthalmic practitioner. Dr. H. V. White also retired at the end of November after 23 years as the Committee's Consultant Ophthalmologist. Doctors Reynolds and Dugan, two of the most senior medical officers who have been on the staff for more than 30 years, resigned but were reappointed on a part-time basis as ophthalmic practitioners. Dr. Corrigan, one of the two Deputy Senior Medical Officers, left the Service early in November to take up the post of Senior Medical Officer in the School Health Service of Derbyshire County Council.

Dr. P. L. Blaxter of the Royal Eye Hospital was appointed as Consultant Ophthalmologist, and Dr. D. Jackson as a full-time Consultant Psychiatrist—probably the first full-time Consultant appointed by an Education Committee. In addition, four medical practitioners, all women, were appointed as school medical officers.

The number of children inspected during 1958 was above the post-war average and nearly all pupils falling within the usual three age groups were examined.

On the other hand, the number of special examinations which are mainly undertaken at clinics fell considerably with the introduction of a new procedure in which many cases of minor injuries and ailments are treated and/or discharged by the clinic sisters without having to attend again in order to be seen by a doctor. This has been a valuable saving of the time of both pupils and medical officers. Thus more and more time of doctors and of the nurses has been taken up by the examination, follow-up and placement of handicapped pupils. These examinations take much more time than the usual types of clinic cases, which fortunately during recent years are becoming less and less. This reduction has been partly due to the considerable decrease in the incidence of severe skin diseases and chronic ear diseases and partly also because more parents are seeking treatment from their family doctors. It is gratifying to be able to report, however, that almost 74 per cent. of parents attended with their children for the routine medical examination in school.

The general health of the majority of pupils has remained on the same very satisfactory level attained since the war. Delicate pupils are still found, however, in a city like Manchester where the weather is often inclement and slum areas with poor houses still exist. Although the number of delicate children is falling, those who have been ascertained in recent years, particularly boys, have proved to be difficult to deal with as they exhibit behaviour disorders, are not amenable to discipline, nor do they conform to the ordered regime so necessary for their health. Such children often come from problem families living in very poor housing conditions in the congested industrial areas of the city.

Immunization procedures in schools and clinics continued throughout the year. Diphtheria immunization numbers increased slightly, and all pupils whose parents requested vaccination against poliomyelitis with American vaccines received their two injections and some, in addition, a booster dose. Vaccination with B.C.G. against tuberculosis started in September, 1957 for 13-year-old volunteers, and again in September, 1958 with the same age group. All these pupils were first given a skin test and only those with a negative response, which indicates no previous infection and no immunity, were vaccinated. The volunteer acceptance rate was approximately 65 per cent. The positive skin reactors were offered a chest X-ray by the Mass Miniature Radiography Unit, an arrangement which superseded the previous one where all school leavers were offered an X-ray without a previous skin test. This latter arrangement was considered by the Ministry of Health to be unprofitable and unnecessary.

The Enuresis Clinic, which started with one session a week about two years ago, was so much in demand that four weekly sessions were introduced during the year. In spite of this the waiting list still remains unfortunately large. As this is a very frequent complaint a good deal of interest has been shown in the subject recently, particularly in the "alarm bell" treatment which has now been in use for some time, and an evaluation of this compared with other forms of treatment is given very fully elsewhere in this report.

The increase in the work of the Child Guidance team, helped very considerably by the welcome appointment of a full-time Psychiatrist and of more remedial teachers, is also dealt with at some length in this report under the heading of The Child Guidance Service.

Amongst the new developments, mention must be made of the opening of the new school and dormitory wing at the Margaret Barclay School for Physically Handicapped Pupils. This incorporates a fine physiotherapy department with a hydrotherapy bath, and is undoubtedly one of the most advanced of its kind. Also the transfer from the Education Offices of the Central Consultative Clinic to more spacious, redesigned and redecorated premises has proved very satisfactory in spite of some difficulty as a result of its separation from the administrative staff which has remained.

The building of three new clinics, all combined with Maternity and Child Welfare and Dental Departments, is progressing well and approval has been given to the erection of a new type of clinic in which will be combined the Medical, Dental and Child Guidance Departments with a Remedial Centre.

Plans are also well ahead for the building of new day schools for educationally sub-normal and for deaf pupils, two new special schools for backward infants, a day school for maladjusted pupils and three area remedial and child guidance centres or sub-clinics.

All this is very encouraging and I would like to thank the Committee for their help and for the very careful consideration given to such recommendations as I have made from time to time for the improvement of the Service. To the Chief Education Officer also and to many members of his administrative staff I am greatly indebted for advice and the co-operation essential to the growth and efficient running of a service so closely integrated with the education system.

My thanks are due similarly to the members of my staff for their conscientious service throughout the year and, in particular, to the Senior Medical Officer and the Principal Administrative Officer, who have been mainly responsible for the compilation of this report.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

CHARLES METCALFE BROWN

Principal School Medical Officer.



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MEMBERSHIP OF THE SCHOOL HEALTH SERVICES SUB-COMMITTEE DURING THE MUNICIPAL YEAR, 1958-59

Chairman: Mrs. E. G. F. BIRLEY, J.P.

Deputy Chairman: Alderman EMILY E. BEAVAN, J.P.

THE LORD MAYOR

Alderman A. MOSS, J.P.

„ W. H. OLDFIELD, J.P.

„ W. ROBINSON, J.P.

Councillor NELLIE BEER, O.B.E., J.P.

„ F. HATTON

„ H. LANGAN, J.P.

„ GLADYS LORD, J.P.

„ N. MORRIS

„ M. P. PARISER

„ W. M. PARKINSON

„ W. J. PEGGE, M.C.

„ J. STUART-COLE

Mr. H. GRIFFITHS

Mrs. BERYL MOORE

LADY SIMON OF WYTHENSHAW

Dr. MABEL TYLECOTE

APPOINTED BY THE HEALTH COMMITTEE

Chairman of the Health Committee:

COUNCILLOR J. CONWAY

Chairman of the Maternity and Child Welfare Sub-Committee:

Councillor LILY THOMAS, J.P.

Chief Education Officer:

J. K. ELLIOT, M.SC.

STAFF

Principal School Medical Officer and Medical Officer of Health

C. METCALFE BROWN, M.D., D.P.H., Barrister-at-Law

Senior Medical Officer (School Health)

E. MALCOLM JENKINS, M.B., CH.B., D.P.H.

Deputy Senior Medical Officers (School Health)

*JULIA M. D. CORRIGAN, M.B., B.CH., B.A.O., D.P.H.

NORAH REGAN, M.D., CH.B.

School Medical Officers

HAZEL ASHURST, M.B., CH.B., D.C.H.

ELIZABETH BENNETT, M.B., CH.B., B.A.O.,
D.C.H.

MURIEL BENNETT, M.B., CH.B.

CAROLINE R. CRYSTAL, M.B., CH.B., D.P.H.

SHEILAGH DAVITT, B.A., M.B., B.CH.,
B.A.O.

HARRIET M. DICK, M.B., CH.B.

ALEXANDER M. DUGAN, M.B., CH.B., D.P.H.

*ANGUS S. DUNN, L.R.C.P., L.R.C.S., D.C.H.

ELEANOR GREVILLE, M.R.C.S., L.R.C.P.,
D.P.H.

DOROTHY GUEST, M.B., CH.B., D.O.M.S.

STEFANIA JARON, M.R.C.P., L.R.C.S.

JOAN MCCARTHY, B.SC., M.B., B.CH.,
B.A.O., D.C.H., D.P.H.

*GERALD J. MARKS, M.B., CH.B.

MARY A. J. MELVILLE, M.B., CH.B.

JOAN E. NUTTALL, M.B., CH.B., D.P.H.

WILLIAM F. SCOTT, M.B., CH.B.

H. C. PURCER SMITH, M.B., CH.B.,
D.L.O.

ELIZABETH H. STOKES, L.R.C.P.I.

F.R.C.S.I., L.M.

TOM A. J. THORP, M.B., CH.B., D.P.H.

JOSEPHINE WALMSLEY, M.D., D.P.H.

School Medical Officers (Part-time)

HENRY W. ASHWORTH, B.S.C., M.B., CH.B.

BRUNO BOAS, M.D.

HUGH M. DAVIE, M.B., CH.B.

MICHAEL C. DAVITT, M.B., CH.B.

HENRY GOLDIE, M.B., B.CH.

MARGARET HAPPOLD, B.A., M.R.C.S., L.R.C.P.

JACOB LENTON, L.R.C.P., L.R.C.S.I.

A. K. MITRIA, M.B., CH.B., D.O.

SAMUEL F. REYNOLDS, M.R.C.S., L.R.C.P.

MARGARET ROBINSON, M.B., CH.B.

LESLIE ROSE, M.B., CH.B., D.O.

Consultant Officers (Part-time)

Hon. Orthopaedic Surgeon: SIR HARRY PLATT, Bart, F.R.C.S.

Orthopaedic Surgeon: JOHN L. MANGAN, F.R.C.S.I.

Hon. Paediatrician: WILFRID GAISFORD, M.D., F.R.C.P.

Ophthalmologist: *HARRY V. WHITE, M.C., M.D.

Oto-Laryngologist: MAXWELL J. MAXWELL, D.L.O., F.R.C.S.

Psychiatrists

THOMAS R. MALLOY, M.D., D.P.M.
(Senior)

DANIEL JACKSON, M.A., M.B., D.P.M.

NORMAN P. CHAMARETTE, B.SC., M.B.,
B.S., D.P.M.

MARGARET PLATT, M.B., CH.B., D.P.M.

Educational Psychologists

JOSEPH McNALLY, M.A., D.P.A., ED.B.(Sen.)

*W. B. DOCKRELL, B.A., B.ED.

PAMELA HARDING, B.SC.(Psych.)

WINIFRED LANGAN, PH.D., F.B.P.S.S.

MIRIAM LEE, B.SC.(Psych.) (part-time)

FRED A. PORAT, M.A., (part-time)

MARY A. RILEY, B.A. (part-time)

*MALCOLM STONE, M.A.

ROBERT WILLIAMSON, B.A.

STAFF—continued

Psychiatric Social Workers

MARY JANUS (Senior)	NANCY E. LINGARD	SYLVIA W. TRUMP
MARY GRADWELL, M.A.	ROSEMARY M. OLIVER	

Remedial Teachers: Thirteen

Principal School Dental Officer

GORDON L. LINDLEY, L.D.S.

Consultant Orthodontist

ADRIAN G. BATTEN, L.D.S., R.C.S.

Dental Officers

*ALFRED L. CRAGGS, L.D.S.	L. E. EDWARDS, L.D.S.	BARBARA KIERNAN, L.D.S.
J. A. DODDS, M.B., L.D.S., L.M.S.S.A.	IRENA M. FILIPIEC, L.D.S.	*R. L. LEADER, B.D.S.
DENNIS G. DORAN, L.D.S., R.C.S.	ERIKA FINTER, L.D.S.	JAMES MCKILLOP, L.D.S.
	N. B. GLICKMAN, L.D.S.	ROBERT J. PYE, L.D.S.
	GEOFFREY KENT, L.D.S.	MARY TREACY, B.D.S.

Dental Anaesthetists

MICHAEL S. BARNETT, L.R.C.P., L.R.C.S. (Edin.), L.R.F.P.S. (Glas.)	ARTHUR RAMSDEN, M.B., CH.B., L.D.S. BETTY SLOAN, M.B., CH.B.
---	---

Part-time Dental Officers: Fifteen

Speech Therapists

FLORENCE M. ASHWORTH, B.A., L.C.S.T. (Snr.)	CATHERINE L. ROMANS, L.C.S.T.
DOROTHY BIRKETT, L.C.S.T.	*HELEN ROTH, L.C.S.T.
JOYCE M. DAVIES, L.C.S.T.	*EILEEN M. TAYLOR, L.C.S.T.
BRENDA MORRIS, L.C.S.T.	BRENDA TILLEY, L.C.S.T.
HEATHER J. ROBERTSON, L.C.S.T.	*BARBARA WILSON, L.C.S.T.

Chiropodists (Part-time)

NORAH W. SLOAN	RONALD SMEDLEY
----------------	----------------

Physiotherapists

Full-time: JOAN CRAWSHAW (Super.)	SHEILA CASHMORE	BARBARA McNALLY
*NORAH HARRISON (Super.)	MYRA COHEN	*JOSEPHINE E. WARDLE
MAUREEN HUTCHINSON (Super.)	JOAN JACKSON	*ENID L. WHITELING
ARTHUR ALLEN (Senior)	ANN V. GEE	
Part-time: PAMELA ELLWOOD	DOROTHY MCGILL	MARGARET C. WHEELER

Superintendent School Nurse: HELEN B. B. PEDEN

Principal Administrative Officer: K. E. BENSON

* Resigned in 1958

SUMMARY OF THE SCHOOL HEALTH SERVICE STAFF

SHOWING THE NUMBER OF POSTS AT 31ST DECEMBER, 1958

Principal School Medical Officer	...	...	...	...	...	...	...	1
Senior Medical Officer	...	...	...	...	...	...	...	1
Deputy Senior Medical Officers...	...	...	...	...	...	...	...	2
School Medical Officers	...	...	...	...	...	...	...	21
Medical Consultants (part-time)	...	...	...	...	...	...	...	5
Principal School Dental Officer	...	...	...	...	...	...	...	1
Orthodontic Consultant (part-time)	...	...	...	...	...	...	...	1
School Dental Officers	...	...	...	...	...	...	...	26
Dental Technicians	...	...	...	...	...	...	...	3
Oral Hygienist	...	...	...	...	...	...	...	1
Dental Surgery Assistants	...	...	...	...	...	...	...	26
Superintendent Nurse	...	...	...	...	...	...	...	1
Deputy Superintendent Nurse	...	...	...	...	...	...	...	1
School Nurses	...	...	...	...	...	...	...	75
Physiotherapists	...	...	...	...	...	...	...	10
Speech Therapists	...	...	...	...	...	...	...	10
Chiropodists (part-time)	...	...	...	...	...	...	...	2
Clerks	...	...	...	...	...	...	...	39
Bath Attendants	...	...	...	...	...	...	...	10
Clinic Attendants	...	...	...	...	...	...	...	11
CHILD GUIDANCE CLINIC:								
Psychiatrists (full-time)	...	...	...	...	...	...	...	1
„ (part-time)	...	...	...	...	...	...	...	3
Educational Psychologists	...	...	...	...	...	...	...	5
Psychiatric Social Workers	...	...	...	...	...	...	...	6
DAY AND RESIDENTIAL SCHOOLS:								
Visiting Medical Officers (part-time)	...	...	...	...	...	...	...	6
Matrons and Qualified Nurses	...	...	...	...	...	...	...	11
Children's Attendants	...	...	...	...	...	...	...	64
Housekeepers	...	...	...	...	...	...	...	4
Domestic and Manual Workers	...	...	...	...	...	...	...	127
TOTAL								474

SCHOOL CLINICS

MEDICAL AND DENTAL CLINICS

ANCOATS...	...	...	...	Cannel Street, Ancoats, Manchester 4. <i>Tel.: COL 2920</i>
CENTRAL...	...	...	...	Byrom Street, Deansgate, Manchester 3. <i>Tel.: BLA 8622</i>
CHEETHAM	...	...	...	Smedley Street, Cheetham Hill Road, Manchester 8. <i>Tel.: COL 1622.</i>
DARBISHIRE HOUSE HEALTH CENTRE	...	...	...	High Street, Manchester 13. <i>Tel.: RUS 6322</i>
GORTON	...	...	...	Gorton Road, West Gorton, Manchester 12. <i>Tel.: EAS 1489</i>
LEVENSHULME	...	...	...	963 Stockport Road, Levenshulme, Manchester 19. <i>Tel.: RUS 1663</i>
MOSTON	...	...	...	16 Moston Lane, Harpurhey, Manchester 9. <i>Tel.: COL 1007</i>
NEWTON HEATH	...	...	...	Pilling Street, Oldham Road, Newton Heath, Manchester 10. <i>Tel.: COL 2646</i>
NORTHENDEN	...	...	...	Bazley Road, Northenden, Manchester. <i>Tel.: WYT 2652</i>
OPENSHAW	...	...	...	1460 Ashton Old Road, Higher Openshaw, Manchester 11. <i>Tel.: DRO 1429</i>
SHAKESPEARE STREET	...	...	...	67-73 Shakespeare Street, Chorlton-on-Medlock, Manchester 13. <i>Tel.: ARD 1010</i>
STRETTFORD ROAD	...	...	...	263 Stretford Road, Hulme, Manchester 15. <i>Tel.: MOS 1529</i>

DENTAL CLINICS ONLY

BUTLER STREET...	...	...	...	Butler Street, Ancoats, Manchester 4. <i>Tel.: COL 1423</i>
BRADFORD	...	...	...	Jarvis Street, Bradford, Manchester 11 <i>Tel.: EAS 1606</i>
MOBILE UNIT	...	...	...	Benchill School, Wythenshawe, Manchester. <i>Tel.: WYT 3075</i>

SPECIAL CLINICS

ORTHOPAEDIC CLINICS...	...	...	...	Goulden Street, Oldham Road, Manchester 4. <i>Tel.: DEA 4803</i>
				Lancasterian Special School, Cavendish Road, West Didsbury, Manchester 20. <i>Tel.: DID 5172</i>
CHILD GUIDANCE CLINIC	...	...	...	54 High Street, Chorlton-on-Medlock, Manchester 13 <i>Tel.: RUS 3686</i>
SPEECH THERAPY CLINICS	...	...	...	56 High Street, Chorlton-on-Medlock, Manchester 13 <i>Tel.: RUS 3686</i>
				Cheetham, Gorton, Newton Heath and Northenden Clinics, Lancasterian Special, Crossacres, Princess Road and Button Lane Schools.
CARDIO-RHEUMATIC CLINIC	}			
OPHTHALMIC CLINIC				
OTO-LARYNGOLOGICAL CLINIC				
AUDIOMETER CLINIC				
ENURESIS CLINICS	...	...	...	Cheetham, Gorton, Northenden and Shakespeare Street Clinics.
ORTHODONTIC CLINIC	...	...	...	73 Shakespeare Street, Chorlton-on-Medlock, Manchester 13. <i>Tel.: ARD 1010</i>

TABLE SHOWING THE AVERAGE NUMBER OF HALF-DAY SESSIONS HELD AT SCHOOL CLINICS IN EACH WEEK DURING THE YEAR

School Clinic	Examination of Educationally Sub-Normal Pupils	Examination of Epileptic Pupils	Examination of Delicate Pupils	Examination of Children requiring Convalescent Treatment	Examination of School Children for Employment and Teachers	Examination for Defective Vision	Treatment of Miscellaneous Minor Ailments	Treatment of Ear, Nose and Throat Diseases	Treatment of Minor Orthopaedic Defects	U.V.R. Treatment	X-Ray Treatment	Chiroprody	Dental Treatment
Ancoats	1	—	—	—	1	3	10	10	—	—	—	—	10
Central	4	1	1	1	—	1	—	4	—	—	1	—	—
Cheetham	1	—	—	—	1	5	10	10	1	—	—	—	10
Darbishire House	—	—	—	—	—	—	10	—	—	—	—	—	—
Gorton	1	—	—	—	1	7	10	10	1	5	—	—	10
Levenshulme	1	—	—	—	1	3	10	10	—	—	—	—	10
Moston	1	—	—	—	1	5	10	10	—	—	—	—	13
Newton Heath	1	—	—	—	1	5	10	10	1	5	—	3	10
Northenden	1	—	—	—	1	7	10	10	1	—	—	—	13
Openshaw	1	—	—	—	1	4	10	10	—	—	—	—	9
Shakespeare Street	2	—	—	—	1	5	10	10	1	5	—	4	19
Stretford Road	2	—	—	—	1	5	10	10	—	5	—	4	25
Butler Street	—	—	—	—	—	—	—	—	—	—	—	—	5
Bradford	—	—	—	—	—	—	—	—	—	—	—	—	8
Mobile Dental Unit	—	—	—	—	—	—	—	—	—	—	—	—	4
TOTALS	16	3	1	1	10	50	110	104	5	20	1	11	146

CONSULTANT SERVICES AND SPECIAL CLINICS

Audiometer	1 session	Orthodontic	6 sessions
Cardio-rheumatic	1 session	Orthopaedic	10 sessions
Child Guidance	22 sessions	Oto-laryngological	3 sessions
Enuresis	4 sessions	Speech Therapy	68 sessions

RESIDENTIAL SCHOOLS

Summerseat School for delicate children and those with rheumatism and heart defects, near Bury, Lancashire.

Matron: Mrs. F. L. EDWICKER. Tel.: Ramsbottom 2165.

Headmistress: Miss N. HILTON.

Visiting Medical Officer: Dr. H. KELSEY, Barwood Mount, 179 Bolton Street, Ramsbottom, Lancs. Tel.: Ramsbottom 3149.

Soss Moss School for epileptic children, Nether Alderley, near Macclesfield, Cheshire.

Matron: Miss E. O'BRIEN. Tel.: Chelford 383.

Headmaster: Mr. H. BURTON. Tel.: Chelford 425.

Visiting Medical Officer: Dr. W. VILLIERS WALLACE, Alderley Edge, Cheshire. Tel.: Alderley 2340.

The Margaret Barclay School for physically handicapped children, Mobberley Hall, Mobberley, Cheshire.

Matron: Miss N. M. A. TOWNEND. Tel.: Mobberley 2121.

Acting Headmistress: Miss V. A. JACKSON.

Visiting Medical Officer: Dr. C. H. GATTIE, Mobberley, Cheshire. Tel.: Mobberley 2158.

Manchester Open-Air School for delicate children, Styal, Cheshire.

Matron: Miss U. M. BRIDGEWATER. Tel.: Wilmslow 2393.

Headmistress: Miss M. WEBSTER. Tel.: Wilmslow 5084.

Visiting Medical Officer: Dr. R. EDMONDSON, "Earlsdene", Albert Road, Cheadle Hulme, Stockport. Tel.: Hulme Hall 527.

Bostock Hall School for educationally sub-normal children, Middlewich, Cheshire.

Headmistress: Miss M. Edwards. Tel.: Winsford 2797.

Visiting Medical Officer: Dr. R. D. Jones, Ivy House, Middlewich, Cheshire. Tel.: Middlewich 127.

Buglawton Hall School for maladjusted children, Congleton, Cheshire.

Headmaster: Dr. R. H. ANDREWS. Tel.: Congleton 86.

Visiting Medical Officer: Dr. R. W. RITCHIE, Overton House, Congleton, Cheshire. Tel.: Congleton 3.

Great Moreton Hall School for delicate children, Congleton, Cheshire.

Headmaster: Mr. F. HOYLAND. Tel.: Congleton 2340.

Visiting Medical Officer: Dr. R. W. RITCHIE, Overton House, Congleton, Cheshire.

Residential School Nurse: Vacant.

DAY SPECIAL SCHOOLS AND CLASSES

Day Open-Air School for delicate children, Middleton Road, Crumpsall, Manchester 8.
Headmistress: Miss E. M. LORD. Tel.: CHE 1073.
Visiting Medical Officer: Dr. M. A. J. MELVILLE.

Lancasterian School for physically handicapped children, Cavendish Road, West Didsbury, Manchester 20.
Headmistress: Miss E. SLINGER. Tel.: DID 5172.
Visiting Medical Officer: Dr. C. R. CRYSTAL.

Cheetham Special School for educationally sub-normal children, Smedley Street, Cheetham, Manchester 8.
Headmistress: Miss G. E. MURRAY. Tel.: COL 2548.

Embden Street Special School for educationally sub-normal children, Hulme, Manchester 15.
Headmistress: Miss M. A. BOWLEY. Tel.: MOS 3171.

Gorton Special School for educationally sub-normal children, Belle Vue Street, Gorton, Manchester 12.
Headmaster: Mr. R. LEWIS. Tel.: EAS 1822.

Grange Street Special School for educationally sub-normal children, Bradford, Manchester 11.
Headmaster: Mr. J. T. WESLEY. Tel. EAS 0591.

Hague Street Special School for educationally sub-normal children, Newton Heath, Manchester 10.
Headmistress: Mrs. M. REES. Tel.: COL 4782.

The Park School for educationally sub-normal children, Moor Road, Manchester 23.
Headmaster: Mr. J. TIMS. Tel.: WYT 3780.

Harpurhey Nursery Unit for educationally sub-normal children, Beech Mount, Harpurhey, Manchester 9.
Teacher-in-Charge: Mrs. M. ATHERTON. Tel.: COL 1590.

Old Moat School Senior Special Class for partially sighted children, Withington, Manchester 20. Tel.: DID 5432.
Teacher-in-Charge: Mr. H. T. AINSWORTH.

Bank Meadow School Junior and Infant Special Classes for partially sighted children, Ardwick, Manchester. Tel.: ARD 2318.
Teachers-in-Charge: Mrs. J. McMINN, Miss E. TAYLOR.

Philips Park School Senior Special Classes for partially deaf children, Queen Street, Manchester 11. Tel.: EAS 1741.
Teachers-in-Charge: Mr. G. B. CAMPBELL, Mr. D. G. MUTCH, B.A.

Princess Road School Junior and Infant Special Classes for partially deaf children, Moss Side, Manchester 15. Tel.: MOS 3646.
Teachers-in-Charge: Mr. K. REEVES, B.A., Miss M. DAGNAN.

HOSPITAL SCHOOLS

Abergele Chest Hospital School, North Wales.
Headmistress: Miss M. PARK. Tel.: Abergele 2295.

Booth Hall Hospital School, Charlestown Road, Manchester 9.
Headmaster: Mr. L. CUNLIFFE, B.Sc. Tel.: CHE 2254.

SUMMARY OF STATISTICS

The following table outlines, under the main headings, the volume of work undertaken during the year.

"Periodic" medical inspections in schools	...	...	...	...	...	31,906
"Special" medical inspections in schools and clinics	...	...	...	...	...	22,747
Re-inspections in schools and clinics...	...	...	...	...	...	34,804
Dental inspections—periodic and special	...	...	...	...	...	44,139
Dental treatment—number treated	...	...	...	...	...	21,209
Inspections by nurses in schools for uncleanliness	...	...	...	...	...	371,033
Cleansing notices issued	...	...	...	...	...	1,226
Pupils cleansed compulsorily	...	...	...	...	...	583
Inspections by nurses in school (other than for uncleanliness)	...	...	...	...	...	34,322
Home visits by nurses for "medical defects"	...	...	...	...	...	17,884
Attendances at clinics (excluding dental clinics)	...	...	...	...	...	242,418
Attendances at dental clinics	...	...	...	...	...	46,006
Minor ailments treated (excluding uncleanliness)	...	...	...	...	...	14,606
Diphtheria—pupils immunised	...	...	...	...	...	9,828

CITY OF MANCHESTER

GENERAL STATISTICS

Area, in acres	...	...	...	...	...	...	27,255
Population (estimated mid year, 1958)	...	...	...	...	...	...	676,900
Rateable value, 1st April, 1958	...	...	...	...	...	...	£10,209,006
Product of a penny rate (estimated)	...	...	...	...	...	...	£39,880
School population (January, 1959)	...	...	...	...	...	...	115,710
Number of nursery, primary and secondary school departments	...	...	...	...	...	...	371
Number of children on registers	...	...	...	...	...	...	114,117
Number of Special Schools	...	...	...	...	...	...	17
Number of children on registers	...	...	...	...	...	...	1,593

MEDICAL INSPECTION

Medical inspection in 1958 covered the following three age groups:

- (a) children in their first year of attendance at school
- (b) children between 9 and 10 years old
- (c) children in their last year of attendance

Medical officers also examined children at the request of parents, teachers and school welfare officers and re-examined children previously noted to have minor defects not needing immediate attention.

School nurses have also undertaken their routine vision test of all 8 year olds.

The results of medical inspection are to be found in the Ministry of Education returns, reprinted at the back of this report. They show no significant changes in numbers examined nor in the incidence of defects from last year, though it should be noted that the former figure is above the average of post-war years. Parents were present at 73.6 per cent. of routine medical inspections.

During their visits to schools, medical officers continued their practice of inspecting canteens on school premises and examining school meals staff, to ascertain if any were suffering from conditions which might be dangerous in handlers of food and cooking utensils. This year, they have also given particular attention to the facilities for storage and cleansing of milk bottles and to the adequacy and regular emptying of refuse bins. Where findings warranted further action, reports have been sent to the departments concerned.

To facilitate reference to subsidiary schedules by teachers and doctors, heads of schools were offered filing cabinets to store them, if they had no other suitable means of doing so. Over 100 requests were received and cabinets have now been distributed to all departments requiring them.

TREATMENT

A summary of the medical and special educational treatment provided is shown below:

- (a) School Clinics—Treatment of minor ailments, defective vision, ear and skin diseases, treatment by ultra-violet ray and X-rays.
- (b) School Dental Clinics—Oral hygiene, treatment of dental caries, extractions and orthodontic treatment.
- (c) Special Clinics—(1) Child Guidance; (2) Orthopaedic; (3) Audiometer; (4) Speech Therapy; (5) Ear, Nose and Throat; (6) Ophthalmic; (7) Cardio-Rheumatic; (8) Breathing Exercises; (9) Chiropody; (10) Enuresis.
- (d) Day Special Schools — (1) Educationally sub-normal pupils; (2) Physically handicapped pupils; (3) Delicate pupils.
- (e) Day Special Classes—(1) Partially-sighted pupils; (2) Partially-deaf pupils.

- (f) Residential Schools—(1) Physically handicapped pupils; (2) Epileptic pupils; (3) Delicate pupils; (4) Educationally sub-normal pupils; (5) Maladjusted pupils; (6) Pupils with cardio-rheumatic defects.
- (g) Convalescent treatment—At convalescent homes (excluding residential schools) provided by the Health Committee and other agencies.

Parents are always given the option of obtaining treatment for their children either from a private doctor or at a school clinic. Where treatment is being obtained otherwise than through the School Health Service the children concerned are kept under supervision by school nurses to ensure that it is adequate.

The willing co-operation of medical practitioners and hospital medical officers, teachers and welfare officers, in supplying information materially assists in this supervision work.

At the Committee's residential schools, medical supervision and treatment is provided for the pupils by local practitioners, who visit each school regularly every week and in any emergency. In addition they examine all children immediately after their admission and to ascertain their fitness for discharge.

SCHOOL CLINICS

The minor ailment and dental clinics are now open from Monday to Friday each week, except for general holidays. During 1958 the attendances were:

Dental Clinics	46,006
Other Clinics	242,418

Collective figures for the treatments given at clinics are shown in Part III of the statistical statement at the end of this report.

At all clinics, general medical sessions are held weekly, the number varying according to the demand of each area. The medical officers are principally concerned at these sessions with the treatment of minor eye defects excluding defective vision, ear defects not requiring reference to the consultants, skin diseases and minor ailments generally.

It is a sign of the success of this work and indeed one measure of the success of the School Health Service that the numbers treated are steadily falling. To illustrate this a table is appended showing the number of cases treated under the above heads for each of the past five years and, for further comparison, during 1938, the last full year before the war.

<i>Defect</i>	<i>Numbers treated in School Clinics</i>					
	1938	1954	1955	1956	1957	1958
Scabies	1,125	330	190	171	167	288
Impetigo	3,954	1,189	757	429	311	147
Other skin diseases	5,518	6,115	4,962	4,391	3,785	3,670
Minor eye diseases	4,098	2,618	2,353	2,404	2,170	1,827
Ear, nose and throat diseases	9,070	6,074	5,354	4,425	4,340	4,035
Minor ailments	25,451	17,422	17,844	18,151	17,041	14,606

SPECIAL SKIN CLINIC

The treatment of ringworm of the scalp, warts and verrucae has continued at the Central Clinic and the medical officer in charge, Dr. J. E. Nuttall, reports as follows:

“During 1957 a survey was carried out comparing the treatment of warts by X-ray and by psychological means. The results of this were recorded in the Annual Report for 1957. On the findings in this survey it was decided that the use of X-ray is not justified in the treatment of simple warts.

Before disposing of the apparatus a survey to assess the value of psychological treatment on warts was carried out in the first six months of 1958.

All cases of warts attending the clinics were placed in category ‘A’, ‘B’ or ‘C’, in strict rotation.

CATEGORY ‘A’ received treatment at the Central Clinic. The X-ray apparatus was used but without any actual X-ray being generated. This was repeated at monthly intervals to a maximum of three treatments, if the warts remained unchanged. No other treatment was given.

CATEGORY ‘B’ received Collod. Acid Salicyl B.P.C. at the clinics to be applied on alternate days. This was continued over a period of three months if necessary.

Cases in CATEGORY ‘C’ were left without any treatment for three months.

In each case an assessment was made at the end of three months and the cases grouped as cured, improved, or no change. The results are shown in the following table:

	<i>Cured</i>	<i>Improved</i>	<i>No change</i>	<i>Excluded</i>	<i>Total</i>
‘A’	11	2	12	10	35
‘B’	18	6	9	4	37
‘C’	8	2	16	3	29

In group ‘A’ in seven out of ten excluded cases the warts had cleared before the child attended the Central Clinic.

It appears from these findings that local medical treatment of warts is more likely to succeed than psychological methods. The numbers in groups ‘A’ and ‘C’ are not significantly different, suggesting that the psychological approach to the treatment of warts is of no value.

Cases of suspected ringworm of the scalp were referred to the Central Clinic for diagnosis. The family contacts under 14 years of age of confirmed cases were also seen.

When a clinical diagnosis of ringworm was made, specimens of hairs from the area were sent to Dr. Curry at the Department of Cryptogamic Botany at the University of Manchester for examination. In all cases the fungus found was of animal origin.

Four cases of ringworm scalp were diagnosed and treated. All responded to treatment without the need of epilation by X-ray.

Five contacts were seen and found to be free from infection.

Three cases of ringworm body were seen and referred to a local clinic for treatment.”

DEFECTIVE VISION

During 1958, 10,252 children had vision tests in school clinics and glasses were prescribed for 6,692. Each child for whom glasses are prescribed is seen in school quarterly by a nurse to ensure that the glasses are being worn and are in good condition. Children with defects of vision not serious enough to require glasses were periodically examined to ascertain if their vision had deteriorated.

Children suffering from more serious eye diseases or defects were referred to the Ophthalmic Clinic at the Education Offices for examination by Dr. White, the Committee's Consultant Ophthalmologist. A statement on the work of this clinic follows later.

The practice of holding evening sessions is now well established and remains popular with older pupils who thus avoid losing school time in examination years.

EAR, NOSE AND THROAT DEFECTS

Minor Ear, Nose and Throat defects were treated in minor ailment clinics. The more serious ones are dealt with at the Consultant's Clinic held three times weekly at the Central Clinic.

Operative treatment has been given at Booth Hall and Wythenshawe Hospitals under arrangements made with the Regional Hospital Board to 486 children.

The Consultant Oto-Laryngologist, Mr. Maxwell J. Maxwell, has submitted a separate report which appears on a later page.

REMEDIAL EXERCISES

Children with minor orthopaedic defects are given remedial exercises by a physiotherapist at five school clinics on one session each week. They are examined by a school medical officer before, during and after a period of treatment.

The following table gives details of the work done during the year:

	CLINICS					Totals
	Gorton	Newton Heath	Shakes- peare St.	Northen- den	Cheetham	
Number of new cases referred	44	66	123	50	50	333
Number of cases treated:	110	123	56	110	40	439
(a) Posture	17	25	3	31	20	96
(b) Flat feet	46	43	44	67	12	212
(c) Others	47	55	9	12	8	131
Cases Discharged:	61	85	26	76	25	273
(a) Posture	6	13	15	17	6	57
(b) Flat feet	26	29	11	52	5	123
(c) Others	29	43	—	7	14	93
Total Attendances	492	722	569	1,265	255	3,303

ULTRA VIOLET RAY THERAPY

Sun-ray treatment is provided at four school clinics and statistical details of the work done during the year are given in the report on the "School Nursing Service". Reference is made elsewhere in the report to children, referred for this treatment, who were given a special investigation and whose haemoglobin was estimated by the colorimeter.

The brief report of Doctors Scott and Purcer-Smith, the school medical officers who supervise the treatment, follows:

"The results of sun-ray treatment on those cases who have had a complete course, have been very satisfactory. Most cases are from the Infant and Junior departments and the predominant type of case is the small, delicate or debilitated child who suffers from frequent colds and respiratory catarrh. Advice or treatment is given and, where necessary, a specialist opinion obtained regarding any unusual local or general condition.

Special mention should be made of the improvement in some cases of Asthma in which the attacks have become less severe and less frequent. Also of note was the improvement of two cases, from Senior Schools, of adolescent Acne and Furunculosis."

Number of children treated	900
Number of children discharged—treatment completed	484
Number of children who ceased to attend before treatment completed	205
Number of children still receiving treatment, 31st December, 1958	211
Number of treatments given	11,688

ULTRA VIOLET RAY THERAPY—TABLE OF DEFECTS

	<i>Discharged (treatment completed)</i>		<i>Ceased to attend before treatment completed</i>		<i>Remaining under treatment 31st Dec., 1958</i>	
	<i>Improving</i>	<i>Stationary</i>	<i>Improving</i>	<i>Stationary</i>	<i>Improving</i>	<i>Stationary</i>
Anaemia.....	11	1	—	1	—	—
Anorexia	56	6	2	5	17	6
Asthma	9	—	—	—	3	1
Bronchitis	69	8	10	26	10	12
Debility	168	21	20	89	47	38
Nasal catarrh...	40	6	5	31	11	13
Poor posture ...	3	—	—	—	1	3
Rheumatism ...	—	—	—	1	1	—
Skin diseases	2	—	—	2	2	1
Other	81	3	5	8	30	15
Totals.....	439	45	42	163	122	89

DARBISHIRE HOUSE HEALTH CENTRE

Darbishire House is an experimental health centre with the object of providing: (a) general medical care for the inhabitants of a densely populated area; (b) the integration of the services of the local authority, the family practitioner and the hospital—specialist services; (c) undergraduate medical

education; and of investigating how medical care should take into account the social factors in the causation of disease in the individual and in the community.

The building, which is situated in Upper Brook Street, Chorlton-on-Medlock, Manchester 13, provides accommodation for four general practitioners, together with ancillary services, a maternity and child welfare centre and a school clinic. The school clinic opened on 1st December, 1955 and each of the four practitioners holds a minor ailments clinic one morning each week. A school nurse attends full-time.

The centre is administered through the University of Manchester by a Board of Management. The cost of purchasing, adapting and equipping the centre was met by money subscribed by the Nuffield Provincial Hospitals Trust and the Rockefeller Foundation.

The research and teaching expenses are met by the University and the Manchester City Council makes an annual grant towards the cost of the centre, in addition to meeting the expenditure incurred in staffing the maternity, child welfare and school clinics.

The school clinic serves eighteen schools with a total population of about 7,000.

During the year 1,250 new cases were treated and 1,193 children were discharged. The total number of attendances at the school clinic was 6,367.

NEW CLINICS

The Central Clinic which was previously housed in the Education Offices was transferred in May to specially adapted premises in Byrom Street, Quay Street, Manchester. There is now adequate accommodation for the ophthalmic, cardio-rheumatic, oto-laryngological and audiometer clinics, and for examinations of staff, teachers and for the advisory clinic on infestation. The Senior Medical Officer and the administrative staff have remained in the Education Offices.

The new combined clinic at Northern Moor, Wythenshawe, was completed in December and will open on January 12th, 1959. The building will be used as a school clinic on Monday to Friday mornings and in the afternoons by the Maternity and Child Welfare Department of the Health Committee.

Building has started on the combined clinics in the Woodhouse Park and Baguley districts of Wythenshawe and it is expected that they will be opened between July and September, 1959. The proposal to open temporary clinics in Church halls in this area was abandoned, in view of the early opening of the permanent clinics.

Approval has been obtained to build quite a new type of combined clinic, comprising a medical clinic, an area child guidance clinic and a remedial centre in Withington. It is expected that building work will start in 1959.

Plans have also been approved for a new combined school and child welfare clinic in North Manchester and this project has been included in the Committee's Building Programme.

HAEMOGLOBIN ESTIMATION

Since 1954, some of the children referred by school medical officers for ultra-violet ray therapy were investigated and an estimation of haemoglobin made at Ancoats Clinic. Following the resignation of Dr. A. S. Dunn in October, 1958, this service was transferred to the Central Clinic and Dr. J. E. Nuttall, who now undertakes the examinations, reports as follows:—

“During the year, 32 new cases were seen and 280 re-inspections were made. A total of 423 estimations were undertaken; of these, 80 were found to have haemoglobin levels over 80 per cent. and were not considered to require treatment for anaemia.

Sixty-three children required treatment for varying degrees of anaemia, of these six had haemoglobin levels of less than 60 per cent. and were referred to hospital or private doctor for full blood counts.

Eleven cases responded to iron and vitamin therapy and in one or two months all were discharged.”

SCHOOL NURSING SERVICE

The year 1958 commenced well so far as the staffing position was concerned but, as has happened in previous years, this unfortunately was destined not to continue for very long. Before the month of January had ended resignations were received and altogether ten nurses left the service during the year. One retired after spending 25 years with the department, four left for domestic reasons and five left to take up better paid posts with other local authorities. Only six of the vacancies created were filled by the end of December.

These staffing difficulties were increased also by the fact that the residential schools continued to have a shortage of trained nursing personnel and this again necessitated seconding nurses to the schools concerned. This relief amounted to two full-time nurses for the whole year. Then, too, the School Dental Service found itself short of trained dental attendants for various reasons and the school nurses were called upon to relieve at the anaesthetic sessions. This was equivalent to almost one nurse full-time for several months.

Poliomyelitis vaccination sessions in schools and clinics have also taken up part of the time the school nurse would normally spend in carrying out routine cleanliness inspections in schools.

Despite the extra load carried by the nursing staff during the year the amount of work done does not compare too unfavourably with that of previous years.

One nurse who had been given leave of absence to take her Health Visitor's training completed the course in July and was successful in gaining the certificate of the Royal Health Society. Another two were granted leave of absence in June for the same purpose. They commenced their training in September.

STRETFORD ROAD CLINIC STERILIZATION UNIT

The work of this unit continues to increase and, during the past year, 97,533 needles and 8,799 syringes were sterilized for use at the diphtheria immunization and poliomyelitis vaccination sessions in schools and clinics throughout the City.

Improvements have been made in the equipment of the unit—the most important being the replacement of the steam sterilizer by a dry heat one which means that it will now be possible to sterilize one syringe for every needle instead of one syringe for every ten needles as has been the practice in the past.

CLEANLINESS OF SCHOOL CHILDREN

Records of past years have revealed that when there has been a shortage of nursing staff causing a decrease in the number of cleanliness inspections in schools, there has always been an increase in the number of individual children found infested and this pattern again repeated itself in 1958. To offset this, however, the number of home visits to parents whose children had been found infested in schools was increased and this resulted in fewer children being compulsorily cleansed.

The following tables give a detailed account of the work done in the schools and the home visits paid by the nursing staff during the year.

TABLE I

	<i>Primary and Secondary Schools</i>		<i>Special Schools</i>	
	1957	1958	1957	1958
Average number of visits to schools	18	18	25	25
Number of examinations of children for uncleanliness	321,517	276,157	4,983	5,508
Number of children found unclean	8,558	9,184	181	154
Number of examinations other than uncleanli- ness	36,518	33,860	110	462
Number of home visits	19,420	17,884	29	35
Number of medical defects found at general inspection	1,031	1,892	4	12

TABLE II

	<i>Nursery Schools</i>		<i>Nursery Classes</i>		<i>Babies Classes</i>	
	1957	1958	1957	1958	1957	1958
Average number of visits to schools	25	24	22	25	25	25
Number of examinations of child- ren for uncleanliness	4,954	4,734	69,137	69,835	16,169	14,799
Number of individual children found unclean	28	18	616	633	175	154
Number of examinations other than uncleanliness	—	3	41	30	8	14
Number of home visits	15	24	314	243	114	83
Number of new medical defects found at general inspection	5	5	141	117	41	42

TABLE III

Showing comparison between the number of children remaining unclean at the end of years 1957 and 1958 respectively.

	<i>Primary and Secondary Schools</i>	<i>Special Schools</i>	<i>Nursery Schools</i>	<i>Nursery Classes</i>	<i>Babies Classes</i>
1957	2,441	41	—	67	22
1958	2,941	27	—	40	7

TABLE IV

Details of the number of examinations in all types of schools are set out below:—

Number of inspections of children for uncleanliness	371,033
„ individual children found unclean.....	10,143
„ cleaning notices issued	1,226
„ cleaning orders issued	583
„ children compulsorily cleansed	401
„ children voluntarily cleansed	2,797
„ home visits for uncleanliness	3,154
„ inspections of children for other than uncleanliness.....	34 369
„ home visits for medical defects	15,115
„ uncleanliness cases seen at Advisory Clinic	489

CLEANSING NOTICES AND ORDERS

The number of cleansing notices served during the year was almost the same as that served during 1957, but the number of cleansing orders decreased and the number of children compulsorily cleansed shows a marked reduction on the previous year.

The number of children voluntarily cleansed, however, at school clinics increased again in 1958. This was due to the fact that all children going to residential schools and to convalescent homes were cleansed if they were found to have the slightest sign of infestation.

CENTRAL ADVISORY CLINIC

The value of the work of this clinic is shown in the gradual decrease in the number of children attending year by year. Neglectful mothers have been instructed in the method of keeping their children's hair free from lice infestation with good results. It is also interesting to note that the degree of infestation of the children attending is now much less than it used to be. Only 489 children were invited to the clinic this year and they made 778 attendances.

PROSECUTIONS

This rather severe method of dealing with parents whose children were found to be persistently verminous in school was used again during the year, when four parents were prosecuted, seven children being involved.

REMEDIAL BREATHING EXERCISES

The number of individual children attending the clinics for this type of treatment was almost the same as in 1957. The total number of attendances decreased in spite of the fact that more home visits were paid to the parents of the defaulters to encourage them to attend at the clinics for instruction. Success in this type of treatment is only achieved when there is full co-operation of the parents concerned. Figures showing the amount of work done by the nurses are as follows:—

Number of individual children who attended during year.....	199
„ children who attended for first time	140
„ children discharged fit.....	87
„ children who defaulted	65
„ children referred for residential open air schools	6
„ home visits paid	99
„ children still attending on 31st December, 1958.....	134
Total number of attendances	576

AUDIOMETER TESTS IN SCHOOLS

Again it is pleasing to report that during 1958 all the five-year-old school entrants in the City had their hearing tested, with the exception of those children at five of the smaller schools where accommodation is not available or where the school is still on direct current.

PURE TONE TESTS OF ENTRANTS

Number of five-year-olds tested.....	9,459
Number found to have normal hearing.....	8,745
Number found to have defective hearing	714

All children found to have a defect were referred to their local school clinic for examination by the school medical officer. Many were found to be suffering from severe colds and catarrh.

The teaching staff co-operate well with the nurses who do this work, and invariably bring to their notice children in the older age groups who appear to have difficulty in hearing. The numbers of these children tested by pure tone and gramophone methods respectively were as follows:—

(a) PURE TONE METHOD OR SWEEP TEST

Number tested	721
Number found to have normal hearing.....	591
Number found to have defective hearing	130

The nurses also re-tested 260 other children in this age group who were found to be defective in 1957 and of these 104 were still suffering some loss of hearing.

(b) GRAMOPHONE AUDIOMETER OR GROUP TESTING

Number tested	7,113
Number found to have normal hearing.....	6,997
Number found to have defective hearing	116

Particulars of the work done in the Audiometer Clinic are given elsewhere in the report.

Audiometer tests were also done this year by the pure tone method in the residential and day special schools for physically handicapped children.

Number tested	448
Number found to have defective hearing	71

B.C.G. ANTI-TUBERCULOSIS VACCINE TRIALS

The school nursing staff have again assisted the Medical Research Council with the B.C.G. anti-tuberculosis vaccine trials by carrying out many home visits and assisting with the clinical investigations.

HEALTH EDUCATION

The School Nurses co-operated in giving talks on personal hygiene to the older girls and also in teaching Mothercraft where the head teachers requested it.

Forty health visitor students from the Manchester College of Science and Technology each spent two periods of four days each in the department when they were shown by school nurses all aspects of the work of the School Nursing Service both on the district and in the clinics.

—H.B.B.P.

SCHOOL DENTAL SERVICE

STAFF

At 31st December, 1958, the dental staff amounted to twelve full-time, fifteen part-time officers and three part-time medical anaesthetists, giving an equivalent of almost eighteen full-time officers. One eleventh of the total time of the staff was given to the Maternity and Child Welfare Service, resulting in the School Dental Service being serviced by sixteen and three tenths full-time officers. In the year under review one new full-time officer joined the service, one part-time officer became a full-time officer and two full-time officers resigned. Amongst the staff changes reference must be made to Mr. A. L. Craggs who retired from his full-time post after 32 years continuous service to the Committee. The Committee's policy of employing private practitioners on a part-time basis was continued, and many part-time dentists entered and left the service during the year. Although part-time officers make a valuable contribution to the service, in many cases the length of employment is short, and the constant changes in staff must prove bewildering to the young patients, giving them a sense of instability within the service.

Three dental attendants were successful during the year in passing the examination for Certificate "A" of the Dental Nurses Association. Although all dental attendant posts were filled during the year considerable difficulties have been experienced in recruiting staff of suitable calibre.

ACCOMMODATION AND EQUIPMENT

There were sixteen surgeries available in twelve school clinics and the two mobile units at Benchill School and Soss Moss Residential School. One surgery was available at Styal Residential Open Air School. All surgeries were used during the year, some only part-time. One surgery was reserved for the oral hygienist. The new extensions at Margaret Barclay Residential School for Crippled Children has allowed a surgery to be opened there (utilising the best of the equipment displaced in the re-equipping carried out in 1956). Three of Committee's residential schools now have their own surgery accommodation, two other schools will shortly have similar provision. It is pleasing to report that at the end of the year Northern Moor Combined Clinic in Wythenshawe, with its well equipped dental suite was completed and will be opened in January 1959. It is expected two similar combined clinics in Wythenshawe will open in the new year, and that clinics in Withington and on the northern side of the city will materialise in the not too distant future.

DENTAL INSPECTION AND TREATMENT

During the year under review dental officers devoted 6,233 sessions to the inspection and treatment of nursery, primary and secondary schools, this being the equivalent of about twelve and a half full-time officers. A total of 44,239 children were inspected. Of this number 29,981 were inspected as routine cases; the remaining 14,258 as "special" or emergency cases. A total of 33,867 were found to require treatment, 31,373 were offered treatment and it was provided for 21,209. The total number of attendances at the clinics was 46,006. The average attendance at each clinic was almost

eight per session. A matter of concern, in view of the shortage of dental staff and the considerable amount of dental work outstanding, was the number of broken appointments which amounted to 17 per cent. Treatment in the evening has been continued during the year with an attendance rate of practically a 100 per cent. on all occasions, from which it can be safely assumed that working mothers appreciate this extension of the service.

Treatment provided during the year included 14,812 conservations in 13,989 permanent teeth, ten gold inlays and cast posts and nine crowns. In addition, 3,751 conservations were inserted in 3,316 temporary teeth. The extraction of 10,420 permanent teeth, 21,631 temporary teeth and the administration of 12,797 general anaesthetics (for extraction purposes) were undertaken. Dentures were provided for 226 children to replace front teeth lost as a result of prolonged neglect or accident and 35 cast caps were provided to protect fractured front teeth until the patients reach the age at which their teeth could be crowned. Also 576 X-rays were taken for 302 children and 50 were referred to the X-ray department of the Dental Hospital. Four children with suspected history of bleeding were referred to Booth Hall Hospital for blood coagulation tests before extractions and six children with heart defects had treatment in hospital under penicillin cover.

During the year a detailed examination of the incidence of dental decay was made on a cross section of the 5-year-old and 12-year-old children of the city, at the request of the Ministry of Education, as part of a national survey. Six other local authorities in different parts of England and Wales also assisted at this investigation which was a follow-up of the two previous ones made in 1948 and 1953. The comparative results of the three surveys are not yet to hand from the Ministry and are awaited with interest.

All children in the Committee's residential special schools have been given dental care during the year, either by Committee dental officers or by special arrangements with local practitioners.

The dental hygienist completed her first full year. She gave three-quarters of her time to the School Dental Service, and the remainder to the Maternity and Child Welfare Service. She has given useful service to the dentists. Towards the end of the year the hygienist also gave a series of talks to children on dental health and these were illustrated by slides. It is hoped to extend these talks during the coming year and to include films specially made for this purpose.

ORTHODONTIC SERVICE

The demand for this service showed little sign of decrease and there was a delay of two to three months between referral and starting the treatment of cases. The major part of the work was undertaken at the Orthodontic Clinic, at Shakespeare Street and at specially arranged orthodontic sessions at clinics on the north and south sides of the city.

A total of 459 sessions were devoted to specialist orthodontic treatment. Under the direction of the Orthodontic Consultant, school dental officers continued to treat simpler cases in their own surgeries. During the year 297 children were treated with 438 removable appliances and 112 fixed appliances and 350 X-rays were taken for 149 orthodontic cases.

DENTAL LABORATORY

The work of the dental laboratory was maintained at a high standard and was indispensable to the efficient discharge of the duties of the department. The tables indicate the work done.

SCHOOL DENTAL SERVICE

Removable orthodontic appliances.....	438
Fixed orthodontic appliances	64
Dentures	226
Repairs	84
Gold inlays and cast posts	10
Dowel and jacket crowns.....	9
Cast caps	35
Metal plate dentures	1
Hearing aid ear pieces	25
Special trays	12
Working models cast	1,920
Orthodontic record models cast	1,024
Hand pieces overhauled and repaired	21

MATERNITY AND CHILD WELFARE SERVICE

Dentures completed	448
Retrys	89
Repairs	3
Bites	433
Gold inlays	1
Jacket crowns	1
Metal plate dentures	5
Special trays	85
Models cast	595

DENTAL HOSPITAL

The Children’s Department at the Dental Hospital continues to provide treatment for children attending three Committee’s nearby schools.

The year 1956-57 was the last of the ten year period during which the Committee had agreed to make an annual contribution to the Dental Hospital for providing dental inspection and treatment for a section of the school population. The Committee agreed to the continuation of the scheme for a further period of ten years, and the Ministry of Education approved of the payment of the grant for another year. Application for approval for another year has been made.

Mr. J. Miller, Head of Children’s Department of the Dental Hospital has sent the following report of the year’s activities (this dental work is not included in Table V).

“Report of the work carried out by Manchester Dental Hospital on the pupils attending Holy Name and Higher Ormond Street Schools during 1958:

Number of attendances	3,381
,, deciduous teeth filled	332
,, permanent teeth filled	653
,, deciduous extractions	387
,, permanent extractions	190
,, other operations	2,747

The work of the clinic has continued at a slightly lower level because the staff was reduced to under half last year's number. The value of full deciduous arches on the prevention of orthodontic trouble has been studied in two groups of 200 children and preliminary findings show the value of the full arch. In view of the present difficulty in the United Kingdom as a whole of arranging adequate treatment for the deciduous molars, study is being made of the relative value of the various deciduous teeth at different ages in the prevention of malocclusion. In addition, methods of diagnosing future malocclusion are being investigated."

MATERNITY AND CHILD WELFARE SERVICE

As has been previously mentioned, school dental officers gave one eleventh of their time to patients referred from welfare centres. A return of this work is given below.

EXPECTANT AND NURSING MOTHERS

<i>Inspected</i>	<i>Needing Treatment</i>	<i>Treated</i>	<i>Fillings</i>	<i>Extractions</i>	<i>General Anaesthetics</i>	<i>Dentures</i>		<i>Other Operations</i>
						<i>Full</i>	<i>Partial</i>	
642	628	673	223	2,755	368	214	141	1,431

PRE-SCHOOL CHILDREN

<i>Inspected</i>	<i>Needing Treatment</i>	<i>Treated</i>	<i>Fillings</i>	<i>Extractions</i>	<i>General Anaesthetics</i>	<i>Silver Nitrate treatment</i>
860	826	924	785	1,069	469	1,278

G. L. LINDLEY.

CHILD GUIDANCE SERVICE

During the year 485 children were referred to the Child Guidance Department, 423 were initially diagnosed and 346 received treatment. In the Area Remedial Centres 885 children were given individual intelligence tests and the total number of attendances for remedial teaching was 27,871, involving pupils from 161 schools.

Mr. J. McNally, Senior Educational Psychologist, submits the following report on the work of the Child Guidance Service, at the clinics and at the remedial education centres:—

"Twenty-five years ago saw the first annual report of a Child Guidance Service which began in Manchester initially as a voluntary service, in October 1933 in rooms lent by the Workers' Educational Association in Oxford Road, with Professor F. E. Tylecote as Chairman, Dr. L. C. F. Chevens, as Hon. Acting Director and an impressive list of voluntary

helpers, listed either as officers or professional staff. Within two years the Clinic moved into rooms loaned by the Education Authority in Atherton Street School. Three years later, in September, 1937, the Clinic was incorporated in the Committee's School Medical Service and Dr. M. Burbury was appointed Medical Director on a half-time basis, a post which she held until 1951. Two more moves in 1939 to the Central High School, and subsequently to 68 Lord Street, Cheetham, were followed by the establishment of the Service at 54 High Street in 1942. These premises have been used since then as the headquarters of the Child Guidance Service. The adjoining house at 56 High Street brought a further development in 1947.

Originally, in addition to the half-time services of Dr. Burbury, there were two part-time psychologists and a full-time social worker who were transferred from the Voluntary Clinic. In 1942, two posts for psychiatric social workers were approved. Since that time, several additions have been authorised, so that prior to Dr. Burbury's resignation in the summer of 1951, the establishment included the Medical Director and psychiatrist, two part-time psychiatrists, one educational psychologist, four psychiatric social workers and two clerical assistants. An additional educational psychologist was appointed in November 1952 to undertake work for the Children's Committee. Under Dr. Burbury's direction the emphasis was on psychiatric treatment and the training of Child Guidance Clinic personnel.

In 1952 the Committee reviewed the organisation and function of the Service and following consultations with Manchester Regional Hospital Board and Manchester University, a Consultant Child Psychiatrist, Dr. T. R. Malloy, was appointed in February, to attend the Clinic on four half days each week, without charge to the Committee. This Consultant holds a joint appointment with the Manchester Regional Hospital Board, the Manchester University and the Education Committee.

The Committee further decided that as an initial step towards the progressive expansion of the service in its educational aspect, the Child Guidance Clinic would be administered under the general direction of the Principal School Medical Officer by the senior educational psychologist. They expressed the hope that an effective educational guidance service might gradually be built, increasing the scope of the work of the psychologists who could deal with a greater number of cases than had hitherto been possible. Mr. J. McNally was appointed in late 1953 to this post of Senior Educational Psychologist.

Since then there has been progressive development towards a comprehensive clinical and schools' psychological service, the details of which have been noted in successive annual reports since 1953. In particular, Buglawton Hall Boarding Special School for maladjusted pupils was opened in late 1954 and this year saw too, the beginnings of a remedial education service which—beginning with five teachers—is now well established in four area centres with thirteen (soon to become sixteen) teachers involved in the work. In 1957 the establishment of psychologists was increased to five and a full-time psychiatrist was also appointed to the staff. In 1958 the establishment for psychiatric social workers was increased from four to six, but it has not, as yet, been possible to fill these posts.

At the beginning of 1958 Dr. D. Jackson was appointed to the post of full-time psychiatrist and, with the continuing services of Doctors Malloy, Platt and Chamarette, we now have the equivalent of just over two full-time psychiatrists. Miss R. M. Oliver was appointed as a fourth psychiatric social worker in May, and in November we were happy to have further help in this understaffed section with the appointment, part-time, of Mrs. N. Lingard, whose main work at present is with the Family Welfare Service. The staffing position is less happy in the psychologists' department, Mr. B. Dockrell having taken a post as Assistant Professor of Educational Psychology in Alberta and Mrs. P. Harding resigning for domestic reasons, leaving us two short of establishment. We have, however, been helped considerably by the part-time appointments of two former members of the staff, Mrs. Riley and Mrs. Lee, and by Mrs. Porat. The clerical staff of three has remained as last year, as also has the remedial education teaching staff, though in the latter case we are looking forward to the addition of three assistant remedial teachers who were appointed to take up duties with us early in 1959. Thus 1958 ends with two vacancies for psychiatric social workers and two for psychologists, and the lack of response in both cases, to recent advertisements does not promise so well for the future.

With a staff now the largest, in the most comprehensive service, in the country, present premises are proving inadequate. However, practical steps are now about to follow the Committee's approval of the provision of permanent area centres (clinic-remedial education centres).

The Ministry having approved the schemes, next year should see the actual building of the first area centre at Wythenshawe and a combined unit at Withington. This latter project is quite new in concept seeking, as it does, to integrate on the one "campus" the varying functions of a school health clinic, a child guidance clinic and a remedial education service, each of which, at times, finds itself concerned with the self same children. This will be a centre where not only can the needs of a "problem" child be met in the most comprehensive manner, but where staff integration and communication can best be developed, a meeting place for school medical officer, inspector, psychiatrist, teacher, nurse, social worker and psychologist. Subsequently, at an early date, it is hoped to build area centres, on the Wythenshawe model, in the Gorton and Harpurhey areas.

The Wythenshawe clinical service has developed further, despite the restriction of the present makeshift premises of two small rooms. Dr. Jackson has attended there for two sessions each week and in addition Dr. Langan has had the services of a second psychologist for one or two sessions each week, with occasional help from one of the psychiatric social workers and a half day's service from the clerical staff of the Central Child Guidance Clinic.

Buglawton Hall Boarding Special School has had its quota of 25 children throughout most of the year. Details concerning the school are given elsewhere by the Headmaster, Dr. R. H. Andrews. The psychiatric social workers continued, in turn, to attend the school on parents' visiting days.

The work of the Central Clinic and the Remedial Education Service has

continued on the usual lines and the following tables which illustrate this work, are similar in form to those given in previous years.

TABLE I. SOURCES OF REFERRAL

	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
School Medical Officers	61	29	90
Head Teachers	30	8	38
Family Doctors.....	19	9	28
Hospitals	5	8	13
Magistrates	60	24	84
Probation Officers	3	—	3
Children's Officer	11	5	16
Speech Therapists	8	1	9
Parents	23	14	37
Others	7	5	12
Schools' Psychological Service	7	1	8
Totals	234	104	338

Much the same pattern emerges as in other years, though the increase from 23 to 37 in referrals direct from parents is noteworthy. Less happily, there is a jump from 60 to 84 in the number of cases referred by the Magistrates. As usual, boys outnumber girls by at least two to one.

TABLE II.

(a) Number of children on diagnostic waiting list at		
31st December, 1957.....	=122	} 514
Referred during 1958	=392	
Diagnosed	=338	} 400
Closed without full diagnostic interview	= 62	
Closed after diagnostic interview (Advisory)		200
Diagnostic waiting list at 31st December, 1958.....		114
(b) Number of children on treatment register at		
31st December, 1957.....	=181	} 333
Registered for treatment after diagnostic interview		
in 1958	=152	
Cases closed following treatment or supervision ...		192
Cases under treatment at end of year	= 82	} 141
Waiting for treatment	= 59	

This table has been recast to give a clearer picture; the manner in which the figures balance is now more obvious. As anticipated, with the additional psychiatric time inroads were made on the treatment waiting list, the numbers waiting treatment being considerably reduced. Generalizing, we can now hope to see new cases within three or four months—urgent cases in three or four weeks, very urgent cases in three or four days, and subsequent treatment, where appropriate, can follow within a reasonable time. Our weakness here now lies in the relative but real shortage of psychiatric social workers. Treatment of the more seriously disturbed children can, of course, be a lengthy complex process and mere statistics in this aspect of our work cannot convey the service given—a small group of extremely maladjusted children, with their parents, can call for much professional attention over a long period of time. Serious cases showing anxiety symptoms, habit disorders or severe behaviour problems are not often easily solved. The malaise may lie deep, be of long standing, and with origins which only slowly emerge. Faulty relationships between parents and child, for example, may go back to the

earliest years distorting personality development and/or establishing distorted behaviour patterns which cannot be resolved overnight. Consultation or advice cannot adequately meet such cases—a merely intellectual approach does not touch the emotions—we cannot successfully impose standards on someone already distorted or near breaking point.

In contrast to the severely disturbed children there are of course a majority of relatively minor maladjustments which are more or less adequately met by short term treatment, periodic supervision or even with the guidance arising at the “diagnostic” interview. But, as with physical illness, do not let us seek to analyse success by comparing turnover and “cure” of “chronic” cases with those of “minor ailments”.

The relatively greater concentration of clinical attention to treatment this year is reflected in the fact that the number of parent interviews conducted by psychiatric social workers, over 3,000, was more than double that of the previous year.

The following table summarises the psychologists’ testing work at the Child Guidance Clinic, at the Children’s Reception Centre at Broome House, and at the Remand Homes, Rose Hill and Alder House. Note that the figures are given as “percentages”.

TABLE III. PERCENTAGE DISTRIBUTION OF I.Q.’s OF CHILDREN SEEN BY PSYCHOLOGICAL STAFF DURING 1958:

<i>I.Q. Category</i>	<i>At Child Guidance</i>	<i>At Broome House</i>	<i>At Rose Hill</i>	<i>At Alder House</i>
70 and below (extremely dull) ...	6	16	9	10
71 to 90 (dull)	25	36	36	44
91 to 110 (average)	45	44	47	42
111 to 130 (superior)	21	4	7	4
Above 130 (very bright)	3	—	1	—
	100	100	100	100
Actual number of children tested	338	104	449	55
Total number of Children’s Committee Cases: 608.				

Unlike previous years there is not the same gradual decrease in general level of intelligence in the groups as we move from left to right in the table, due mainly to an increase in I.Q. ratings at the remand homes and a slight falling off in the Broome House group. Last year we commented on the marked increase in numbers seen at Rose Hill Remand Home. This trend continues and there is a jump from 386 to 449, this figure being more than double the number seen three years ago. The implications of the growing volume of work here are being discussed with the Children’s Officer for, among other things, the *quality* of our assessments could be endangered by the present staff trying to cope with such growing numbers.

The number of children seen at Broome House is somewhat lower than the figures given for last year (133) but it should be noted that the number above does not include 28 additional children who were attending here for full diagnostic interview.

The service, in its clinical and remedial education aspects, continues to develop in the Wythenshawe area despite the makeshift premises to which reference has already been made.

The following statistics are based on data supplied by Dr. Langan:—

TABLE IV. WYTHENSHAWE CENTRE:

(a) Number of children on diagnostic waiting list at 31st December, 1957.....	5	} 93
Referred during 1958	88	
Diagnosed	83	} 85
Closed without full diagnostic interview	2	
Closed after diagnostic interview (counselling)	23	
Diagnostic waiting list at 31st December, 1958.....	8	
(b) Number of children on treatment register at 31st December, 1957.....	17	} 77
Registered for treatment during 1958	60	
Cases closed following treatment or supervision	38	
Cases under treatment at end of year	34	} 39
Waiting for treatment	5	

The relatively large number of cases receiving treatment here is due to an experimental development in group therapy conducted by the psychologist. This approach has been most useful with certain children, particularly with some children who have had a few months of individual treatment before joining, or forming a group.

A good relationship with schools continues to develop in the area, eighteen primary, twelve secondary and the Park Special School being served during the year.

REMEDIAL EDUCATION SERVICE

The following statistics summarize the general aspects of the work of the Remedial Education Service during 1958.

TABLE V.

<i>Area Remedial Centres</i>	<i>New Cases Assessed Individually</i>	<i>Referred to Other Agencies</i>	<i>Accepted for Remedial Education</i>	<i>Discharged after Remedial Education</i>	<i>Total attendances for Remedial Teaching</i>	<i>Number of Schools Involved</i>	<i>Children Awaiting Remedial Education</i>	<i>Children Awaiting Diagnostic Interview</i>
City (Ancoats) Centre	260	5	322	98	2,231	30	99	2
North Manchester Cent.	256	34	174	159	9,923	42	65	60
Wythenshawe Centre ...	105	10	87	93	5,135	16	10	34
City (Ardwick) Centre...	202	28	320	137	9,041	35	50	77
Clinic (High St.) Centre	21	—	43	24	1,136	22	4	7
City (Hulme) Centre*...	41	2	45	1	405	16	7	56
Totals	885	79	991	512	27,871	161	235	236

* This Centre was opened on 8th September, 1958.

The column “Children tested in groups” has been omitted in this year’s table as all primary schools are now provided with the Group Tests introduced so successfully by us over recent years—schools now do their own testing.

A new Centre appears on the list above, namely, Hulme. For a long time now we have recognised some of the needs of this area without being able to meet them. Past experience has shown us the wisdom of giving a remedial service which can be sustained in one area over a long enough period, this instead of spreading our service thinly over too wide an area or by haphazard attention first to one school, then too soon, to another. Anticipating an increase in staff we decided to introduce a limited service to Hulme in the latter part of the year, initially by drawing on the part-time help of the experienced Ardwick Centre and later by establishing Mr. H. Jones in rooms at Vine Street School as Area Remedial Teacher. It is an interesting point that the youngest branch of the Education Service should be housed in one of our oldest schools, Board School No. 1.

The Manchester Remedial Service has served as a pattern for other authorities. Following the publication of an article in "Education" we received inquiries from several areas in the country. The problem of retardation is a universal one, a fact increasingly recognised by more and more Education Authorities as they seek to find ways and means of tackling the problem. Prior to 1954 remedial teaching in England was thought of mainly in terms of individual tuition which, though sound, tends to be a slow, costly business, in terms of teaching time and in time wasted by children in travelling to centres. There does indeed exist a hard core of children who need truly individual attention. But there are others . . . and there has developed also a system whereby one remedial teacher can deal with up to 60 to 90 children per week in small groups in their own schools. Sound selection diagnostic and remedial teaching techniques, the organisation of schools on an area basis, and a happy and effective relationship with the schools are the basis of a successful system.

Numerous individuals and groups from various areas have visited us to see the work in progress. The senior psychologist from Birmingham spent two days here as his authority intended developing a comprehensive remedial service as soon as possible, Middlesbrough and Staffordshire also paid us official visits, and several teachers have come from Bolton, Lancashire and Cheshire areas. H.M. Inspectors have taken a lively interest in the work, have visited us, and on various occasions have recommended teachers to consult us. Demonstrations and lectures have been given to groups of teachers attending the Crosslee and Ardwick Centres.

From time to time doubts have been expressed at professional and lay levels regarding the permanency of the special coaching given in remedial work; for example, some articles have quoted cases where reading ages were boosted under the special conditions of a remedial service but when followed up later some had lost much of their recently found skills. With this criticism in mind, we have followed up a large sample of the children discharged from the Ardwick Centre in the summer of 1957. We re-examined them in October of this year, that is, about fourteen months after discharge, and the following results summarize the more important findings.

Number of children re-examined fourteen months after discharge from remedial education = 60.

- (i) 13 per cent. had made no progress, and indeed a few had actually lost a few months of reading age during the period. The average I.Q. of this group

- was 95, ranging from 89 to 115, and half of them had reading ages under 9 years.
- (ii) 26 per cent. gained less than ten months in reading age over the fourteen months period. The average I.Q. of this group was 90, ranging from 74 to 98, and three-quarters of the group had reading ages under 9.
 - (iii) 30 per cent. gained over twenty months (a considerable proportion well over 30 months—indeed the average gain was 29.4 months). The average I.Q. of this group was 100, ranging from 85 to 134, and three-quarters of them had reading ages under 9.

A reading age around nine is often taken as a basic measure of literacy. It is a common belief that if we can get the children up to this level they can go ahead largely on their own. This is not borne out by the above figures, but the significance of a nine year old level was investigated further by comparing 22 children with R. A.'s above nine, with 22 children with R.A.'s below 8 years (the children were spread over several schools). The average improvement in reading age was 13.1 months for the more skilled group, and 14.7 for the second group. With this group, at any rate, there was no significance in the reading age level reached at the time of discharge, in terms of subsequent progress made. There was however, more significance in the intelligence factor. The 60 children were assigned to three groups on the basis of I.Q., with the following results:

Twenty pupils with I.Q.'s of 90 and less gained 8.3 months.

Twenty pupils with I.Q.'s of 91 to 101 gained 15.3 months.

Twenty pupils with I.Q.'s of 102 and over gained 17.0 months.

The average gain in reading age for the whole group, over fourteen months, was 13.7 months, but this average mark—as can be seen from the above figures—masks a lot of ups and downs. It would seem that the school has a large part to play in consolidating the newly found skills of quite a number of the children who are discharged from specialised remedial education. Of course, many of the factors which produced the retardation in the first place, may still operate after the special help is withdrawn. Thus, for example, the poorest subsequent progress was made by a child whose attendance record continued to be poor.

In the Crosslee Centre we have been looking at the results of remedial tuition over the past two years and the table below summarises some aspects of this survey.

<i>Improvement in months</i>	<i>Year 1957</i>		<i>Year 1958</i>	
	<i>No. of Pupils</i>	<i>Per cent. of Total Group</i>	<i>No. of Pupils</i>	<i>Per cent. of Total Group</i>
0—5	3	2.6	7	2.5
6—11	17	14.8	34	12.0
12—17	37	32.2	55	19.4
18—23	36	31.3	74	26.1
24—29	13	11.3	59	20.8
30—35	4	3.5	32	11.3
36—41	5	4.3	10	3.5
42—47	—	—	8	2.8
48—53	—	—	3	1.1
66 months ...	—	—	1	.5
Totals	115	100.0	283	100.0
Two years and more progress	22	19.1	113	40.0

It will be seen that noteworthy progress has been made when the past year is compared with the previous one . . . the same schools were concerned in each of the two years.

Several other aspects of the work can only be briefly mentioned here. The changing method of selection for secondary education has brought additional duties, e.g. in co-operation with head teachers and Inspectorate the development of a sound assessment programme throughout the primary school. Mr. Williamson and myself have served on all the district panels concerned with selection at the "borderline", and arising from this, we have made individual assessments of 66 children who present particular difficulties with regard to allocation to suitable schools. The testing programme in primary schools has led us to investigate the most suitable intelligence test to use at the 7+ stage, and for continuing help in this work we are particularly indebted to Miss K. M. Gamble, the remedial teacher at the Central Clinic. An investigation is also proceeding on identical twins, and, in this respect, we must thank the schools and parents for their ready co-operation in giving us basic data concerning the 202 sets of twins (the average incidence in each age group is about 18 pairs) who have been listed.

We had the usual quota of visitors during the year, including students from University departments, teachers from other areas—and exchange teachers from America, Australia and South Africa—medical and educational officers from Thailand, D.C.H. students, psychiatrists and psychologists, probation officers and health visitors. Particular mention might be made of fuller facilities for studying our work which have been given to teachers attending the Day Training College in the new course for teachers of handicapped children—they have been receiving practical training at the centres. Three lecture courses have been given to teachers, and various other individual lectures given.

The work of such a comprehensive service must continually draw on the co-operation and goodwill of many other agencies, and we are grateful that this has always been so much in evidence.

ORTHOPAEDIC TREATMENT

Orthopaedic treatment is provided at the two Orthopaedic Clinics, New Cross and West Didsbury, at five school clinics, the Lancasterian day special school and at the Margaret Barclay residential special school.

The Committee's Consultant Orthopaedic Surgeon visits the New Cross clinic and the West Didsbury clinic once a week and the day and residential schools each once a fortnight.

Minor defects only requiring remedial exercises are treated at five school clinics by physiotherapists working under the supervision of a medical officer, and details of this work are given in the "School Clinic" section of the report. Children with more serious defects are referred for examination by the Surgeon at the orthopaedic clinics. Treatment is given by physio-

therapists and, where necessary, children are recommended for admission to the day or residential schools. Arrangements are made with the Regional Hospital Board for operative treatment to be given at Booth Hall Children's Hospital and post-operative physiotherapy is provided at the special schools.

Children suffering from the after-effects of cerebral palsy are treated at both the day and residential special schools where special equipment and furniture has been supplied to facilitate the remedial and special educational treatment and the social adaptation of the children concerned.

The Consultant Surgeon, Mr. J. L. Mangan, reports:—

“The figures at the Orthopaedic Clinics for the past twelve months show a further reduction when compared with those for 1957. In that year, there was of course a severe epidemic of influenza to account for the reduction; this year I have noticed that there are fewer children being referred to the clinics. This in itself may be taken as a good sign as it would appear that there are less children with orthopaedic defects to be found in the schools. It speaks well for the pre-school services which have the care of the growing infant up to the age of five years. The decline in the number of children referred has also alleviated the waiting lists and all children are now examined within a short time after referral.

The decrease in the amount of work required at the out-patient clinic at the Lancasterian School is easily compensated for by the increase in the number of children requiring special treatment at the school. I notice that the number of admissions is so high that we are now at the stage of having a waiting list. I feel that this state of affairs is undoubtedly due to the greater interest taken in the care of the cerebral palsied child.

I am glad to see that we have an increased number of sessions from the speech therapists and in view of the fact, as I have mentioned, that we now have a larger number of children suffering from cerebral palsy requiring treatment, I would like to see a similar increase in the present physiotherapy staff at the Lancasterian School.

The new buildings at Margaret Barclay school are very fine indeed and I am sure that I express the feelings of the staff when I say that the physiotherapy department and hydro-therapy unit are a great improvement and will considerably facilitate the work to be carried out. Here again, I am sure that, with the expected increase in the numbers of children to be admitted, it may be necessary to increase the number of physiotherapists.

We are all sorry to see Miss N. F. Harrison, the Superintendent Physiotherapist at the New Cross Orthopaedic Clinic, leave us after such long and valuable service and we wish her a very happy retirement. We welcome in her place Miss M. Hutchinson who was previously employed at Margaret Barclay School.

Once again, my sincere thanks are due to all the members of the staff at the three centres for their hard work and loyalty during the last twelve months."

(a) ORTHOPAEDIC CLINIC AT NEW CROSS

During the year the surgeon examined 641 children and made 226 re-inspections. A total of 257 children were treated and 9,078 individual treatments were given by the physiotherapist.

Total attendance.....	4,699
Number of children treated	257
Number of children examined by surgeon:	
(a) New cases.....	339
(b) Special.....	302
(c) Re-inspection	226
Total attendances at surgeon's clinic.....	867
Number of cases referred to hospital for operation.....	19
Number of cases referred to other clinics for exercises.....	4
Number of treatments given:	
(a) Massage and stretching.....	3,800
(b) Exercises.....	2,603
(c) Ultra-violet ray	897
(d) Strapping and splints	271
(e) Medical electricity	612
(f) Moulding	895

Analysis of Cases

Foot defects:	Flat feet	127
	Talipes equino-varus.....	10
	Metatarsus primus varus	2
	Pes cavus	12
	Tight tendo-Achilles.....	6
	Hammer toes	11
	Over-riding toes.....	27
	Hallux valgus.....	29
	Hallux rigidus	2
	Intoeing	17
	Muscle inbalance.....	13
Knees and ankles:	Genu valgum.....	150
	Genu varum.....	13
	Weak ankles	4
Tuberculosis (inactive):	Spine.....	3
Cerebral Palsy:	Spastic.....	26
	Ataxic	1
Spinal Deformities (postural):		
	Kyphosis.....	1
	Scoliosis	9
	Lordosis	6
	Postural defects	32
Post-poliomyelitis:	Upper limbs.....	1
	Lower limbs.....	5
Miscellaneous		134

(b) LANCASTERIAN DAY SPECIAL SCHOOL

(i) LANCASTERIAN SCHOOL

During the year 208 children attended the school. A total of 13,106 individual treatments was given by the physiotherapists.

Number of surgeon's visits.....	34
Number of children examined by the surgeon.....	330
Number of children treated	149
Number of operations and manipulations.....	20
Number of children awaiting operation	4
Number of children receiving:—	
(a) Radiant or infra-red heat	17
(b) Massage	10
(c) Electrical treatment.....	17
(d) Individual exercises and stretching.....	142
(e) Ultra-violet ray	38
(f) Exercises.....	54
(g) Postural drainage.....	1
(h) Strapping	4
(i) Moulding	1
Total number of treatments given:—	
(a) Radiant heat.....	75
(b) Massage	163
(c) Electrical treatment.....	304
(d) Individual exercises and stretching.....	7,298
(e) Ultra-violet ray	357
(f) Exercises.....	5,173
(g) Strapping	36
(h) Postural drainage.....	40
(i) Moulding	5
(j) Repair to plaster of Paris	12

Analysis of Cases

Tuberculosis (inactive):	Spine.....	8
	Hip	5
	Knee	2
Cerebral Palsy:	Spastic.....	81
	Athetoid	10
	Ataxic	13
Anterior Poliomyelitis:	Upper limbs.....	1
	Lower limbs.....	23
	Spine.....	2
	Upper and lower limbs.....	1
Spina bifida.....		15
Miscellaneous defects.....		47

(ii) LANCASTERIAN OUT-PATIENTS CLINIC

During the year the surgeon examined 258 children and made 63 re-inspections. A total of 63 children were treated and 830 individual treatments were given by the physiotherapists.

Total attendance.....	947
Number of children treated	63
Number of children examined by surgeon:—	
(a) New cases.....	122
(b) Special.....	136
(c) Re-inspection.....	63

Total attendances at surgeon's clinic.....	321
Cases referred for operation	18
Number of treatments given:—	
(a) Massage and stretching.....	163
(b) Exercises.....	516
(c) Strappings	12
(d) Electrical treatment.....	104
(e) Moulding	35

Analysis of Cases

Foot defects:	
Flat feet.....	88
Talipes equino-varus	7
Metatarsus primus varus	1
Pes cavus.....	7
Tight tendo-Achilles	4
Hammer toe	2
Over-riding toes	9
Hallux valgus	10
Hallux rigidus.....	2
Knees and ankles:	
Genu valgum.....	23
Muscle inbalance	4
Weak ankles	3
Tuberculosis (inactive):	
Spine	2
Cerebral palsy:	
Spastic	20
Ataxic.....	4
Spinal deformities (postural):	
Scoliosis.....	5
Postural defects.....	12
Post Poliomyelitis:	
Upper limbs	5
Lower limbs	6
Miscellaneous	44

(c) MARGARET BARCLAY RESIDENTIAL SCHOOL

At the end of the year 43 children were resident at the school and three attended daily. All the children were treated by the physiotherapists on the school staff under the direction of the Consultant Surgeon. An analysis of the disabilities of the 59 children who were treated throughout the year shows:—

Cerebral palsy:	Spastic.....	23
	Athetoid	6
	Ataxic	6
Infantile paralysis:	Spine and lower limbs	3
	Lower limbs.....	1
Spina bifida.....		6
Perthe's disease.....		6
Various other defects		8

AUDIOMETER CLINIC

The Audiometer Clinic was held on one session each week at the Central Clinic and was conducted by medical officers specially experienced in this work. A number of sessions was also conducted by a specially trained nurse. Children referred by school officers from medical inspection in schools and clinics, by speech therapists and at the request of the consultant otolaryngologist, were tested on the pure-tone audiometer.

Children found to require further investigation as the result of group and sweep audiometer tests in schools were referred in the first instance to the district school clinics and from there, if necessary, to the Audiometer Clinic. Information on the tests carried out in schools is given in the "School Nursing Service" section of the report. Dr. C. R. Crystal, the medical officer who has recently been responsible for this work submitted the following report :—

"During 1958, the clinic has been held once weekly. The procedure was similar to former years, each child having his air and bone conduction tested by the pure tone audiometer and a hearing test by the ordinary voice. Then, after a medical examination of the ears, nose and throat, the special educational treatment most beneficial to the child's education was recommended.

Some children were referred to the consultant otolaryngologist for advice as to treatment and the need or otherwise of a hearing aid, while others were referred for clinic treatment. The position in class is very important for all deaf children and advice on this subject was given to Head Teachers and notes were sent to the medical officers who referred the cases."

The statistical details are :—

Number of children tested by pure-tone audiometer	409
" " " referred to consultant otolaryngologist	200
" " " referred to school clinics for treatment	23
" " " referred for speech therapy.....	—
" " " referred for intelligence tests	4
" " " referred for re-inspection	116
" " " discharged	85
" " " ascertained to require special educational treatment in a special school or class	5
" " " ascertained to require special educational treatment in a school for the deaf.....	3

SPEECH THERAPY

Speech therapy has been provided at the main speech therapy clinic, at four school clinics, in rooms in three schools, at the Lancasterian Day Special School, the Margaret Barclay Boarding School, and six day special schools for educationally sub-normal pupils.

The school medical officer, Dr. C. R. Crystal, who supervises the general health and progress of the children states that:—

"During 1958, one of the speech clinics was visited every alternate week and, as in previous years, each pupil was examined before and after treatment. If any medical defects were discovered, the appropriate treatment was advised.

In some cases of stammer the combination of child guidance and speech therapy was recommended. Some cases were referred for orthodontic treatment, which helped tremendously. Children with suspected high tone or other forms of deafness were referred to the Audiometer Clinic for further investigation."

Miss F. M. Ashworth, the Senior Speech Therapist has submitted the following report:—

"Over the last ten years the Speech Therapy Department has grown considerably but by no means steadily. The main problem is the frequent resignations of staff, all of whom, except the writer, are young and nearly always in their first post. Some leave as opportunity occurs to move to more convenient appointments and every year seems to bring at least one wedding. Vacant posts often cannot be filled for months and lack of continuity hinders the progress of patients. We began 1958 with six therapists and by July were down to four. In September we were joined by five newcomers and this sudden and welcome addition enabled us to expand the service in several ways; by increasing the number of sessions at existing clinics and opening two new ones at Princess Road and Button Lane Schools respectively. The Lancasterian Day Special School now has ten sessions weekly, the Margaret Barclay Boarding Schools, six, and the six schools for educationally sub-normal pupils, one each.

We have never before had staff to provide any treatment in day schools for educationally sub-normal pupils and regard the work now being done there as experimental. There is still much to be learned about the selection of cases for special help and the most effective methods of approach. At the moment we are concentrating mainly on the younger children, for whom the development of language efficiency and self-confidence in oral expression seems the first need; so long as speech is intelligible, defects of articulation in such children are a comparatively minor matter, though older children may sometimes call for attention. The special school teachers have been most welcoming and we look forward to a very fruitful association.

In the general school speech clinics, while there is certainly no reduction in the volume of work, the trend year by year is towards an increasingly limited range of conditions treated. Cleft palate patients become rarer, partly because surgery is more successful and partly because of the appointment of speech therapists to the hospitals where it is usually done. Partially deaf patients are being catered for in special units, cerebral palsied children in the appropriate schools. Stammerers account for an important proportion of general clinical work but, happily, since stammer is the most unsatisfactory of common speech disorders to treat, their numbers show a decrease both relatively and absolutely; 19 per cent. of new referrals this year compared with 25 per cent. in 1957 and 34 per cent. in 1956. We regard these figures with caution as it is too soon to forecast whether they will be maintained. Meanwhile the clinics are kept busy with the undiminishing flow of retarded speech and articulation cases, and with these the tendency is to earlier referral; we receive quite a number from maternity and child welfare centres or health visitors and some direct from parents, like the owner of the voice on the telephone that came so briskly to the point—"This is an

inquiry about speech. Should a child be talking at two!’ We like to think that this work with very young children (and their parents) may not be unconnected with the apparently reduced incidence of stammer.

There are still waiting lists at all the clinics, some of them long, but not as dishearteningly so as they used to be. The two speech training teachers continue their useful work with children who are not quite bad enough to need speech therapy and others who have been discharged from the clinics but still need supervision. It is not easy for parents to distinguish between the functions of speech training teachers and speech therapists and some are inclined to look upon us as rival firms, whose activities they tactfully refrain from mentioning to each other. In fact we are, of course, complementary and work hand-in-glove. During the year the teachers between them taught 741 children and discharged 204. They received 34 referrals from the five Speech clinics and sent 56 to them.”

STATISTICS FOR THE YEAR ARE:—

Number of new cases interviewed	522
Number of cases treated	831
Discharges: Treatment complete	199
Unsuitable	33
Ceased attending	92
Refused treatment.....	31
Total number of attendances	11,956

EAR, NOSE AND THROAT CLINIC

Children are referred for the consultant’s opinion by school medical officers from medical examinations at school, from school clinics, or following hearing tests at the Audiometer Clinic. Those children living on the south side of the City are, in most cases, referred direct to Wythenshawe Hospital for examination. All other cases are examined by the Committee’s consultant who, where necessary, carried out operations at Booth Hall Hospital.

The attendance figures for 1958 show no significant change from those for 1957. Mr. Maxwell’s report follows:

“The year 1958 has seen smooth progress in the work of the Ear, Nose and Throat Department of the School Health Service, both at the Central Clinic and at Booth Hall Hospital. Whilst no poliomyelitis or severe influenza epidemics occurred to interfere with the normal working in the department, and no sessions had to be cancelled on this score, nevertheless the theatre at Booth Hall Hospital had to be closed for a few weeks during the year because of alterations, and this resulted in a slight reduction in the total numbers of operations performed. The consultative clinics continued uninterrupted at the Education Offices in Deansgate until May

1958 and thereafter at the new Clinic in the annexe in Byrom Street. An analysis of the cases seen at these clinics is given below:

	1958		1957	
	EAR CASES		EAR CASES	
	<i>New</i>	<i>Old</i>	<i>New</i>	<i>Old</i>
Attended	250	815	197	876
Did not attend	122	350	93	339
	<hr/>	<hr/>	<hr/>	<hr/>
Notified	372	1,165	290	1,215
	<hr/>	<hr/>	<hr/>	<hr/>
	OTHER CASES		OTHER CASES	
	<i>New</i>	<i>Old</i>	<i>New</i>	<i>Old</i>
Attended	446	377	370	361
Did not attend	176	170	132	213
	<hr/>	<hr/>	<hr/>	<hr/>
Notified	622	547	502	574
	<hr/>	<hr/>	<hr/>	<hr/>
Average attendance	69.8%			
Total number of attendances	1,888			
Total notified	2,706			

It is interesting to note that 250 new ear cases attended as against 197 for 1957, and 446 new cases of other conditions as against 370 in 1957. The investigation into the primary cause for the referral of cases which was commenced in May 1957 was continued throughout the whole of 1958 and an analysis of the results is given below:

CASES REFERRED TO CONSULTANT PRIMARILY FOR:

(1) Aural conditions	(a) Deafness	224
	(b) Discharge	97
(2) Throat conditions	(a) Tonsils and adenoids	329
	(b) Adenoids.....	16
3. Nasal conditions	(a) Catarrh	78
	(b) Obstruction	37
(4) Other conditions	.....	39
	Total	<hr/> 820

It will again be noticed that almost as many cases were referred because of aural conditions (321) as for tonsils and adenoids (345). By far the largest proportion of aural cases referred was because of deafness, and suggestions as to the reasons for this were given in the last Annual Report. The International Congress on the Modern Educational Treatment of Deafness held in Manchester, 15th to 23rd July, 1958 will be reported elsewhere, but the emphasis laid on the early investigation, diagnosis and treatment including properly organised educational methods, will not have failed to impress school medical officers and general practitioners and the notable feature

during the past six months has been the early reference of deaf children for assessment and treatment.

During the year (12th May, 1958) the Central Clinic was transferred to the new annexe in Byrom Street, which has the advantage of greatly improved facilities and much quieter surroundings. A more accurate assessment of minor degrees of hearing loss was found possible and the various tests can be carried out with a greater degree of reliability.

The problem of upper respiratory infections and the "catarrhal" child has received a good deal of attention of late, and whilst very little new has materialised, nevertheless certain views have crystallised on the aetiology and prophylaxis of chronic catarrh—a complex of constitutional and environmental factors, and the place that surgery holds in the treatment. It is considered that factors potentiating chronic upper respiratory infections are poverty with attendant overcrowding, atmospheric pollution, virus infections and allergy. The frequency of upper respiratory infections can be lessened by adequate ventilation and air-conditioned schools, isolation of acute and sub-acute cases and prophylactic administration of daily Sulphonamide during the winter months in susceptible children. It is gratifying to note that the problems of overcrowding and atmospheric pollution are being dealt with more vigorously, which will undoubtedly result in less liability to such infections. Three clinical stages are recognised in chronic upper respiratory infections:

- (1) Recurrent colds with variable catarrh and intermittent nasal obstruction.
- (2) Established lymphoid hyperplasia and persistent nasal obstruction.
- (3) Complications, e.g. sinusitis, otitis, lower respiratory diseases.

Surgery is rarely indicated in Stage 1, may or may not be necessary in Stage 2, but is frequently required in Stage 3.

The acquisition of an operating microscope has enabled progress to be made with various types of tympanoplasty operations. Eight cases from the School Health Department's list and six from the Booth Hall Hospital list were carried out during the year, and the results have been most promising. It should be pointed out that this type of operation necessitating painstaking work under the operating microscope, may take anything up to three hours for one operation, i.e. practically a full operating session and it is obvious that it is not possible to undertake an operation of this type every week. Apart from the large waiting list for other conditions, which would be lengthened still further, there is the question of frequent post-operative supervision and dressings which these cases require. Obviously it is advisable to deal with these cases of chronic suppurative otitis media as soon as possible, and the problem as to how many can be operated on in a given time is bound up with the large waiting list at Booth Hall Hospital. Steps are being taken to see if the services of a Registrar to help with the list can be obtained, and this will clearly reduce the waiting time all round. In all, 434 operations of various types have been carried out on patients listed from the School Health Service (not including cases listed from Booth Hall



*Crumpsall
Day
Open Air
School.*

Hospital out-patients) and an analysis of these with comparative figures is as follows:

EAR, NOSE AND THROAT OPERATIONS AT BOOTH HALL HOSPITAL IN 1958

	1958	1957
Adeno-tonsillectomy (guillotine and dissection)	302	362
Sinus operations	32	35
Adeno-tonsillectomy and antral lavage/drainage.....	52	40
Diathermy of turbinals	11	3
Sub-mucus resection of the nasal septum.....	2	1
Laryngoscopy	2	1
Aural polyps and granulations	7	5
Tympanoplasty and myringoplasty	8	1
Mastoidectomy	1	2
Aspiration of middle ear	12	3
Removal of impacted wax	2	1
Antral drainage and diathermy	1	—
Papilloma of larynx	1	—
Antral lavage and aspiration ears	1	—
	<hr/> 434	<hr/> 454

The position at the end of the year was that 241 cases were awaiting operation as compared with 212 on the 31st December, 1957 and these cases are made up as follows:

Adeno-tonsillectomy	129
Diathermy of turbinals	11
Meatal atresia	1
Aural granulations	2
Aspiration of middle ears	5
Laryngoscopy	1
Aural polyp	2
Nasal polyp	1
Sub-mucus resection of nasal septum ...	5
Antrostomy	3
Exploration of middle ear	1
Sinus operations	41
Myringoplasty	15
Tympanoplasty	24
	<hr/>
Total	241

The average waiting time for an adeno-tonsillectomy is about six months, but it is well over a year for tympanoplasty.

I would again like to express my thanks to Sister Scolah for her continued assistance with the clinics and for carrying out the treatment by diastolisation and Proetz displacement. In all 502 treatments by diastolisation on 43 cases and 229 treatments by Proetz displacement on 40 cases have been carried out during the year. The minor operative procedures of nasal cautery and antral lavage continue to be carried out conveniently at the Central Clinic and seventeen cases have been dealt with during the year.

My thanks are also due to the Hearing Aid Centre at Hardman Street for their valuable co-operation in carrying out accurate audiograms in their sound-proof room, and for dealing with applications for hearing aids from

this department on a priority basis. Four of our children were supplied with hearing aids by this centre during the year.

I am also grateful to the Radiological Department at Booth Hall Hospital, who have carried out X-rays on 162 cases referred from this school clinic during the year. These are as follows:

Sinuses	124
Sinuses and mastoids	30
Mastoids	4
Sinuses and chest	4
<hr/>	
Total	162
<hr/>	

I must thank Dr. Fawcitt and his department for the speed and efficiency with which these X-rays have been carried out.

Finally I would like to thank Mr. Woolfenden who replaced Mr. Newman in April 1958 for his efficient clerical administration of the clinic and also the various members of the staff, whose enthusiasm and co-operation have facilitated the smooth-running of the department."

OPHTHALMIC CLINIC

The Ophthalmic Consultants' Clinic continued to be held at the Central Clinic each week during the year. Dr. H. V. White, the Committee's Consultant, resigned his appointment at the end of the year, and the Committee's thanks are due to him for so many years of conscientious service.

Mr. P. L. Blaxter, F.R.C.S., D.O.M.S., has been appointed as his successor and will commence his duties in January, 1959.

During the year, 226 children were examined, the majority of whom were suffering from squint. They were referred back to the district clinics for treatment under the supervision of ophthalmic medical officers. Children requiring operative treatment were referred to the Manchester Royal Eye Hospital but, unfortunately, the waiting list for squint operations is still very long.

Details of the work done are shown below:

NUMBER OF INDIVIDUAL CHILDREN EXAMINED:	
(i) Defective vision	61
(ii) Squint	146
(iii) Other	19
<hr/>	
	226
<hr/>	
TREATMENT PRESCRIBED:	
(i) Refraction	69
(ii) Occlusion	10
(iii) Operative Treatment	15
(iv) Observation	132
<hr/>	
	226
<hr/>	
Total number of attendances	419

As accommodation is now available in the new Central Clinic, the Committee have agreed to the appointment of an orthoptist to facilitate the diagnosis and to measure the degree and angle of squint so that the type and mode of operation required can be determined. The new department will open early in April, 1959.

CARDIO-RHEUMATIC CLINIC

Dr. Wilfrid Gaisford, Professor of Child Health and Paediatrics at the Manchester University, the Committee's Honorary Paediatrician, has kindly submitted the following report :—

“The work of the Clinic has continued in much the same way throughout the year; 215 children have been seen, of whom 144 were new and 71 attended for follow-up and re-examination, some on more than one occasion.

The great majority of the new children have had innocent murmurs or simple rhythm anomalies and only 25 were found to have organic heart disease; of these, seven had rheumatic heart disease and eighteen had congenital malformations. Two children have had cardiac operations and in other cases further investigation is planned in conjunction with the Cardiac Unit at the Royal Manchester Children's Hospital with a view to operation.

The family doctor has been recommended to prescribe continuous penicillin prophylaxis for most of the children with rheumatic heart disease and for those who have had rheumatic fever but whose hearts remain normal, and there has been a considerable improvement in the proportion of cases where these recommendations have been accepted.

In many children with organic heart disease no restriction of activity has been necessary, and for only a minority have ordinary games been unsuitable. Three young children are so greatly handicapped by physical disability and by unsatisfactory home conditions that they will need admission to a residential school when they reach the appropriate age.

Undergraduate students have continued to attend the Clinic and have derived considerable benefit from seeing these children and from discussion of their problems of diagnosis and management.

I am grateful to Dr. Geoffrey Watson, Lecturer in the Department of Child Health whose special interest is in children's hearts, who has continued his work in this clinic throughout the year. We are also grateful to Dr. E. M. Jenkins for his continued assistance and Sister Barnes and Mr. T. Brown for their efficient administration of the Clinic. Thanks are also due to the school medical officers who have referred cases, and to Dr. H. Kelsey, the visiting medical officer at Summerseat Special School, for his co-operation.”

ENURESIS CLINICS

Dr. H. M. Dick, the school medical officer responsible for the Enuresis Clinics, submits her fourth report on this work :—

“During 1958, four weekly clinics were held for enuretic children—two on the north side of the city, at Cheetham Hill and Gorton, and two on the south side at Shakespeare Street and Northenden. The general procedure at these clinics was the same. At the first interview, a detailed history of the child's present and past health was obtained, and any emotional disturbances or environmental factors looked into. A complete physical examination was done and the urine tested. The majority of the parents were co-operative and attended at fortnightly or monthly intervals for varying periods averaging six to twelve months. Some parents, however, were unco-operative and failed to attend after one or two visits, producing

a 30 per cent. wastage. Each child was asked, as in previous years, to keep a calendar or chart of the wet, damp and dry nights, so that progress could be watched satisfactorily. This task in itself appears to be of some therapeutic value. Parents and children were reassured and advice was given about the management of the child. Several different methods of treatment were used—i.e. the purely psychological approach, drug therapy, the alarm bell apparatus, and, this year a number of children were tested with a placebo tablet (a physiologically inert substance) which appears to give confidence to some children and parents. Thirty-eight children received these pills—in half there was no improvement but in the other half nine improved; nine were greatly improved and one became symptom free. This shows that, as a form of treatment, the placebo has its place and again the psychological element involved is demonstrated. The number of cases attending for treatment during the year was 300—of these 194 were new cases and 106 were carried over from 1957—56 per cent. were boys and 44 per cent. were girls—again showing a slightly higher incident rate in males. The children were classified into four groups, those suffering from :—

(1) Nocturnal enuresis only	77%
(2) Nocturnal and diurnal enuresis	9%
(3) Nocturnal enuresis and diurnal frequency	11%
(4) Diurnal enuresis only	3%

Thirty-four per cent. of the children were of the sensitive, highly strung type, 3 per cent. suffered from encopresis and enuresis, and half of this group were referred to the Child Guidance Clinic or to hospital, for psychiatric treatment.

The majority of children were wet every night—38 per cent. Thirty-one per cent. had occasional dry nights, and 31 per cent were variable, having at times from several days to three or four weeks dry. The depth of sleep was found to be marked in 39 per cent. of cases, normal in 33 per cent., and light in 13 per cent. A few suffered from nightmares, sleep talking and sleep walking. An hereditary factor was operating in 52 per cent.—and 70 per cent. had never become dry at night. About 30 per cent. of children had started to wet at various ages after gaining control at the normal age. Again, psychological disturbances largely comprised inadequate adjustment to environmental factors, the chief being an additional birth in the family, introduction to school life, disharmony in the home and hospitalisation for illnesses, operations or accidents.

The following treatments were used :—

- (1) The psychological approach through re-education of outlook, and reassurance of parent and child. Fifty-six children were treated—18 became symptom free, 21 showed a great improvement, 10 improved, and 6 showed no improvement.
- (2) Dry Therapy:
 - (a) Amphetamine Sulphate—given to lighten the depth of sleep. Dose: mg. 5,—1-2-3 tablets at bedtime. Twenty-eight cases were treated. One became symptom free, 4 were greatly improved, 6 improved and 17 were not improved.

- (b) Probanthine—an autonomic blocking agent, given for its anti-cholinergic effect. Dose, mg. 15,—1-2-3 tablets at bedtime. Twenty cases were treated. Two became symptom free, 2 were greatly improved, 7 improved and 9 were not improved.
- (c) Phenobarbitone—given for its sedative action. Dose gr. $\frac{1}{4}$ -gr. $\frac{1}{2}$ -1 tablet at bedtime, and one tablet after breakfast, if diurnal enuresis were present. Eighty-three cases were treated. Seven became symptom free, 30 were greatly improved, 20 were improved, and 26 were not improved.
- (d) Posterior Pituitary snuff (Dispidin)—given to reduce the volume of urine formed during the night. Dose—30 anti-diuretic units. One capsule for inhalation at bedtime. Twenty-four cases were treated. Six became symptom free, 9 were greatly improved, 1 improved, and 8 were not improved.
- (e) A Placebo tablet (inert physiologically)—used for its psychological effect. Dose—1 tablet at bedtime. Thirty-eight cases were treated. One became symptom free, 9 were greatly improved, 9 improved, and 19 were not improved.
- (f) The Electrical Alarm Bell—which acts by causing a conditional reflex. It rings as soon as the child starts to wet the bed. It also has a suggestive effect, as evidenced by some children who were dry from practically the start of using the apparatus. A few children required the apparatus a second time, having been several months dry but reverting again in the very cold weather. Four children were unco-operative and refused to get out of bed when the alarm bell rang, two were afraid of the apparatus and the parents discontinued its use. This apparatus was only used when a child had failed to respond to other treatments. Most children required the alarm bell for a period of six to eight weeks. Twenty-eight children were treated. Seven became symptom free, 6 were greatly improved, 8 improved, and 7 were not improved.
- (g) Convalescent Treatment—four children benefited greatly by a period of six weeks away from home. Three became symptom free and one was greatly improved.”

The overall position is portrayed in the following table:—

Number of children treated	300			
Discharged	68 (23%	of total seen)		
(a) Symptom free	38 (13%	„ „ „)		
(b) Greatly improved.....	16 (5.5%	„ „ „)		
(c) Environmental reasons	14 (4.6%	„ „ „)		
Unassessable cases—those who failed to maintain attendance after 1—3 visits	89 (30 %	„ „ „)		
This again suggests an ambivalent attitude, which may reflect an insecurity in the parent.				
Still under treatment	143 (47.6%	„ „ „)		
(a) Showing great improvement	85 (28%	„ „ „)		
(b) Showing improvement	36 (12%	„ „ „)		
(c) Showing no improvement so far.....	22 (7%	„ „ „)		
Cases on the waiting list	203			

HANDICAPPED PUPILS

Children over the age of 2 years who, by reason of physical or mental disability, are considered unlikely to be suitable for attendance at ordinary schools, are examined by medical officers of the School Health Service to ascertain if they are in need of special educational treatment as handicapped pupils. Recommendations are then made by the Principal School Medical Officer about the placement of each child in a special school which caters for the specific disability.

The following table shows the number of handicapped pupils, classified in their respective categories, known to the School Health Service during 1958. Details of children ascertained during the year to be in need of special educational treatment as handicapped pupils and the number of such pupils admitted to Special schools during the same period are shown in Part V of the statistical tables at the end of this report.

	TOTALS	
(a) Blind children:		
in residential homes or schools	31	
awaiting admission	2	33
(b) Partially sighted children:		
in residential schools	3	
in special classes	43	
awaiting admission	12	58
(c) Deaf children:		
at Royal Residential Schools	72	
at other residential schools	9	
at day special schools	1	82
(d) Partially deaf children:		
at residential schools	3	
at special classes	39	
awaiting admission	6	
attending ordinary schools	83	131
(e) Educationally sub-normal children:		
attending Bostock Hall Boarding School	83	
attending other residential schools	46	
attending day special schools	739	
awaiting admission	267	1,135
(f) Epileptic children:		
attending Soss Moss Residential School	46	
attending other residential schools	1	
under medical supervision and attending ordinary schools	96	143
(g) Maladjusted children:		
attending Buglawton Hall Boarding School.....	34	
attending other residential schools	25	
awaiting admission to residential schools	14	
awaiting admission to day special schools	9	82
(h) Physically handicapped children:		
(1) Children with crippling defects—		
attending Margaret Barclay Residential School	51	
attending Lancasterian Day Special School...	198	
attending other residential schools	7	
attending hospital special schools	24	
awaiting admission	19	299
(2) Children with heart disease or rheumatism—		
attending Manchester residential schools ...	6	
attending Crumpsall Day Open Air School...	7	
attending hospital special schools	5	18

(i) Children with speech defects:			
attending Moor House Residential School	2		
attending John Horniman Home	1		
children with speech defects	1,698	1,701	
(j) Delicate children:			
attending Manchester residential schools.....	371		
attending Crumpsall Day Open Air School.....	271		
attending Jewish Fresh Air Home School	49		
attending other residential schools	3		
awaiting admission or examination	223	917	
(k) Other:			
Receiving home tuition		32	
	Total	4,631	

The following table shows the placement of handicapped pupils maintained by the Education Committee in schools and hostels outside Manchester. It will be noted that the figures shown in this table are for children in attendance at the end of the December term, 1958, whereas those in the foregoing table are for all pupils, attending these schools sometime during the whole year.

BLIND AND PARTIALLY SIGHTED	Boys	Girls	Total
Henshaw's Institution for the Blind, Manchester	4	—	4
Catholic Blind Asylum and St. Vincent's School, Liverpool	—	5	5
National Institute's Sunshine Homes—			
Southport, Lancashire	1	—	1
Leamington Spa, Warwickshire	—	1	1
Southerndown, South Wales	—	2	2
Royal Normal College for the Blind, Shrewsbury	1	1	2
Conover Hall, Shropshire	—	1	1
Schools for the Blind, Liverpool	2	7	9
Bent's Green R.O.A.S. for Partially Sighted Pupils, Sheffield.....	—	1	1
Yorkshire School for the Blind, York	2	1	3
DEAF AND PARTIALLY DEAF			
Royal Residential School for the Deaf, Manchester	38	26	64
St. John's Residential School for the Deaf, Boston Spa...	2	2	4
School for Jewish Deaf Children, London	—	1	1
Beever Day Special School, Oldham.....	—	1	1
Royal Cross School for the Deaf, Preston	1	—	1
Mary Hare Grammar School, Newbury	—	2	2
Burwood Park School, Walton-on-Thames	1	—	1
DELICATE			
Jewish Fresh Air Home, Delamere	15	11	26
Longfield Day Open Air School, Heaton Mersey	1	—	1
Greengate Open Air School, Salford.....	2	—	2
DIABETIC			
St. George's Hostel, Kersal	1	—	1
EDUCATIONALLY SUB-NORMAL			
Pontville R.C. Special School, Ormskirk	9	—	9
Besford Court, Worcester	12	—	12
Allerton Priory R.C. Special School, Liverpool	—	8	8
St. John's School, Brighton	1	—	1
Farney Close, Bolney, Sussex.....	1	1	2
St. Joseph's R.C. Special School, Cranleigh, Surrey ...	1	—	1
High Close Special School, Wokingham	—	1	1
Coln House Residential School, Fairford, Glos.	—	1	1
Monksdown Day Special School, Liverpool.....	—	1	1
Atherton Old Hall Day Special School, Atherton, Lancs.	1	—	1

EPILEPTIC

Lingfield Hospital School, Surrey	1	—	1
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MALADJUSTED

Shotton Hall, Shrewsbury	4	—	4
St. Christopher's, Bristol.....	1	—	1
St. Hilliard's, Campden, Glos.	5	—	5
Camphill-Rudolf Steiner-Schools, Aberdeen	2	—	2
St. Anne's R.C. Special School, London	—	1	1
Sheiling Curative School, Thornbury, Hants.	—	1	1
Clwyd Hall, Ruthen, Denbigh	1	—	1
Normanton School, Buxton	1	—	1
Farmhill House, Stroud, Glos.	1	—	1
Brynbella Hostel, Rawtenstall, Lancs.	1	—	1

PHYSICALLY HANDICAPPED

Cripples:

Orthopaedic Hospital Special School, Marple	5	6	11
Bethesda Home, Salford	2	1	3
Bleasdale House Cripple School, Silverdale	1	—	1
Bradstock Lockett School, Southport	1	—	1
Singleton Hall School, Poulton-le-Fylde	1	—	1

Others:

St. Joseph's Heart Hospital, Rainhill	2	—	2
West Kirby Convalescent Home and School for Physically Handicapped Children	—	1	1

SPEECH DEFECT

John Horniman Home, Worthing	1	—	1
Moor House School, Hurst Green	1	—	1

BLIND PUPILS

There were 31 blind children between the ages of 2 and 16 years receiving special education in 1958. For some years past it has been customary to place young blind children in a Sunshine Home soon after their second birthday in order to commence, as soon as possible, the specific training which they require.

The tendency in recent years has been to consider more seriously their emotional needs and, where home circumstances permit, it is now the practice to leave the young child in his own home until the normal school age, at the same time giving appropriate help and advice to the parents.

Only one new case of blindness was referred during 1958; a boy of ten years who lost his sight as a result of pressure from a cerebral tumour which was removed surgically. The boy made a good recovery apart from his loss of vision, which, unfortunately, is irremediable.

The condition of retrolental fibroplasia, which has accounted for many cases of blindness in babies in the past decade, is now prevented and no new case has been reported this year.

PARTIALLY SIGHTED PUPILS

Eleven children were ascertained to be partially sighted during the year. Three were resident in special schools and 43 attended the Committee's special classes. An additional class was opened at Bank Meadow School and eleven children who were awaiting placement at the beginning of the year and four new ones were admitted. The parents of eight children refused offers of places in the classes. At the end of the year eleven children were awaiting admission.

DEAF PUPILS

During the year 72 deaf children were known to the department and of these 62 attended the Royal Residential School for the Deaf, nine attended other residential schools and one attended a day special school.

PARTIALLY DEAF PUPILS

Three children attended the Royal Residential School and 39 attended the Committee's partially deaf classes. At the end of the year there were six children awaiting admission. In addition, there were 83 children attending ordinary schools in the city, the majority of whom were wearing hearing aids.

EDUCATIONALLY SUB-NORMAL PUPILS

Examination of the retarded child calls for much time and the exercise of patience with the child and tact with the parent who is often aggrieved at the suggestion of subnormality. Teachers and school medical officers who are not satisfied with a child's intellectual and educational progress refer the child for ascertainment. Sometimes, and this is occurring more frequently, paediatricians and general practitioners seek advice for children of pre-school age.

During the year 1,178 examinations were made and the following children were found to require special action.

(1) Ascertained educationally sub-normal and requiring special education	237
(2) Ascertained ineducable and notified to the Local Health Authority under Section 57(3) Education Act, 1944	65
(3) Ascertained as ineducable under Section 57(4) Education Act, 1944	1
(4) Requiring statutory supervision after leaving school under Section 57(5)	26
(5) Referred to psychiatrist	5
(6) Referred to educational psychologist	139

EPILEPTIC PUPILS

Head teachers are requested to report to the Senior Medical Officer any child subject to fits in school. Such a child is subsequently examined and if a diagnosis of epilepsy is established the head teacher is advised concerning management. If the convulsions are severe or occur with regularity it may be advisable to arrange for education in a residential school. This special education was provided during the year for 47 Manchester children. Another 96 children were kept under observation by a deputy senior medical officer, whilst continuing in attendance in their ordinary schools. Several of these children presented severe problems to the staffs of the schools and should have been receiving special education. Their parents however did not accept such a recommendation, and despite the co-operation of teachers, two children in particular were unable to profit by the education available in the secondary modern school.

MALADJUSTED PUPILS

During the year, 31 children were ascertained to be maladjusted pupils, nine of whom are considered to require educational treatment in a day special school and are awaiting such placement. Eighteen children were admitted to boarding special schools during the year, ten to Buglawton Hall School and eight to various other schools. At the end of the year fourteen pupils were awaiting residential school placement.

PHYSICALLY HANDICAPPED PUPILS

The most noticeable development in this field has been the number of very young children referred for ascertainment, especially the cerebral palsied. A one day conference on cerebral palsy was held at the Duchess of York Hospital in February, under the chairmanship of Professor Gaisford. The duties of the education authority and the facilities available for the education of these handicapped children were points presented by the deputy senior medical officer, who had been invited to take part in the discussion.

There were 96 cerebral palsied children attending the Committee's two schools for physically handicapped pupils during 1958. The present accommodation at the Lancasterian day school is now proving insufficient and it has not been possible to admit any 5 year old children since September. An extra class for young cerebral palsied children is urgently required.

DELICATE PUPILS

A total of 917 delicate children were dealt with during the year and of these 371 resided for varying periods at the Committee's residential open air schools at Great Moreton Hall, Styal and Summerseat. There were 271 attending the Committee's Crumpsall day open air school and 49 attended the Jewish Fresh Air Home and School at Delamere, Cheshire. Three children attended other residential schools and at the end of the year there were 223 children awaiting admission or examination.

Although the number of children referred during recent years has changed very little, the degree of handicap has varied considerably. References are made to the changing type of delicate children in the statements, about Crumpsall Open Air School, by a school medical officer and the Headmistress.

INDIVIDUAL TUITION OF HANDICAPPED PUPILS AT HOME

Home teaching was provided for 32 children who, for various reasons, were unable to attend school and Miss D. M. Taylor, Inspector of Special Schools, is responsible for the organisation of this service.

AFTER-CARE OF HANDICAPPED PUPILS

During the year a selected team of School Welfare Officers, acting as after-care visitors, paid regular visits to the homes of 125 boys and girls up to the age of 18 who had attended the Special Schools. In most cases parents were grateful for the interest shown in the welfare of their children and readily co-operated in the efforts being made to help them to lead normally useful and happy lives.

At these informal interviews the discussion concerns both the young

person's employment and the way in which his or her leisure hours are spent. In both spheres the officer's specialised knowledge can be put to good use. Thus, in co-operation with the Youth Employment Bureau, the officer can often help a child to get settled into a congenial occupation with prospects of learning a worth while trade. Too frequent and often frivolous changes of job are discouraged, whilst the usual policy of thinking only in terms of the highest starting wage is shown to be a short-sighted one.

The officer's knowledge of local facilities for social and cultural activities is used to encourage the child to take advantage of the Civic Youth Clubs and similar organisations connected with religious and other voluntary bodies, and of the Evening Centres, some of which have special classes for pupils who are backward in reading and writing.

A brief report on the progress of each child is put before the Special Schools' After-Care Committee which consists of the Special School Heads, representatives from the Inspectorial, School Health and School Welfare Departments, and the Youth Employment Bureau, under the Chairmanship of the Senior Medical Officer.

DAY SPECIAL SCHOOLS AND CLASSES

(a) SCHOOLS FOR EDUCATIONALLY SUB-NORMAL PUPILS

The Education Committee maintain six day special schools for the provision of special educational treatment for educationally sub-normal pupils between the ages of 7 and 16 years. The Committee also maintain a special nursery school where children of borderline educability between the ages of 5 and 7 years are admitted for a trial period before deciding their suitability for attendance at a special school on attaining the age of 7 years.

Transport is arranged to convey children from all parts of the City to the nursery school, involving a lengthy journey for some of the children, and it is anticipated that during 1959 building will commence on two new infants' special schools, one on the north side to replace the present unit, and a new one on the south side of the City.

Below are the attendance figures for the year:

	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
CHEETHAM SPECIAL SCHOOL			
Number on roll at January, 1958	68	58	126
Admissions during year	18	12	30
Discharges during year	15	11	26
Number on roll at December, 1958	71	59	130
HARPURHEY NURSERY UNIT			
Number on roll at January, 1958	19	11	30
Admissions during year	12	3	15
Discharges during year	12	8	20
Number on roll at December, 1958	19	6	25
EMBDEN STREET SPECIAL SCHOOL			
Number on roll at January, 1958	16	41	57
Admissions during year	17	9	26
Discharges during year	10	12	22
Number on roll at December, 1958	23	38	61

GORTON SPECIAL SCHOOL

Number on roll at January, 1958	114	30	144
Admissions during year	17	11	28
Discharges during year	23	8	31
Number on roll at December, 1958	108	33	141

GRANGE STREET SPECIAL SCHOOL

Number on roll at January, 1958	70	32	102
Admissions during year	17	4	21
Discharges during year	14	6	20
Number on roll at December, 1958	73	30	103

HAGUE STREET SPECIAL SCHOOL

Number on roll at January, 1958	48	32	80
Admissions during year	9	10	19
Discharges during year	10	9	19
Number on roll at December, 1958	47	33	80

THE PARK SCHOOL, WYTHENSHAW

Number on roll at January, 1958	63	56	119
Admissions during year	10	17	27
Discharges during year	19	10	29
Number on roll at December, 1958	54	63	117

HARPURHEY NURSERY UNIT

This observation unit for seriously retarded children between 5 and 7 years old has now been established for five years and has proved of immense value. After a period of training lasting up to two years it is possible to assess more accurately the level of intelligence of these problem children and to place them in the appropriate special school. Approximately 66 per cent. of the children who have been dealt with up-to-date have proved to be educable, the majority passing to day schools for educationally sub-normal pupils and a few to ordinary schools. The remaining 34 per cent. have been ascertained as ineducable and reported to the local health authority. Although this is a high proportion of "ineducables" to pass through the Unit, the expenditure of time and money is well spent when the benefit to the parents and families of these children is taken into consideration. The parents are grateful for the opportunity of education afforded to their retarded children and, even when they cannot be retained in the educational system, the knowledge that the children have been given a trial is of great help in maintaining the family "mental health".

(b) CLASSES FOR PARTIALLY-SIGHTED PUPILS

At the beginning of the year there were thirty children attending the two classes and eleven partially-sighted children, under the age of eleven years, awaiting placement. Eleven children were ascertained to be partially-sighted during the year.

An additional class was opened in September in the Infant Department at Bank Meadow School and, as anticipated, the eleven children, together with four new cases, were admitted to this class.

This meant that the age range of the junior class in the same school could be substantially reduced and that the educational and social programme of the youngest children could be fully integrated with that of their appropriate

age groups. The following statement is from Mr. H. T. Ainsworth, the master in charge of the senior class at Old Moat School since its inception in 1953.

“During the year admissions were made to the senior class from other senior schools and from Bank Meadow junior class. Some of the children admitted suffer from multiple defects and the class now includes partially-deaf, epileptic and educationally sub-normal pupils.

Co-operation has been received from the majority of parents when they have visited the class or the teacher's home with problems. Some of the others have been visited in their own homes in attempts to help some of the children with their personal and social difficulties.

Where possible the children join groups from the parent school for specialist work in housecraft and woodwork. This year for the first time typewriting lessons were provided for those girls taking the optional extra year. They are continuing with this in Evening Centres after they leave. A specially-built typewriter, with larger than normal type-face, has been supplied for extra practice in the classroom and for producing stencilled work to help in various subjects. Coupled with this has been the provision of a duplicator which the girls, interested in a commercial career, have been taught to operate. The tape recorder has proved increasingly useful for speech work, including debates, lecturettes and commentaries (with home-made sound effects). It has also been loaned to other units when requested. The class has been appointed a reporting unit by the B.B.C. on one of the series of broadcasts which we make.

Two of the senior girls were made prefects in the parent school on their own merits and in the face of formidable competition for the positions. Amongst the visits made during the year were those to the Hippodrome pantomime, Halle Concert, two special film shows during holidays (“Around the World in 80 Days” and “The Ten Commandments”), a ramble into Cheshire on Voting Day, an afternoon at Telephone House and a day at Bostock Hall Boarding School. Due to structural and other changes in the school, it was decided to hold the annual Christmas party in other surroundings this year and the experiment was very successful. Although a trip to camp in Ireland was arranged as last year, the response was not as encouraging (due to a number of air disasters) and the places were filled by children from the ordinary school. In view of this we have decided to revert to the Committee's camp in 1959. Towards the end of the year a meeting of old scholars decided that enough people had now passed through the class to merit an official Old Scholars' Association. Although the majority had kept in touch with the teacher and revisited the class they had not met each other often, so the Old Scholars' Association was brought into being. It will meet about four times a year for the present and the promoters are enthusiastic to make their venture a success.”

A further two new pupils were admitted to the senior class at Old Moat School.

(c) CLASSES FOR PARTIALLY DEAF CHILDREN

There were thirty children attending the partially deaf classes at the beginning of the year.

A new class was opened in September at Philips Park Secondary School and, during the year, seven children were admitted.

One child was admitted to the infants class and two to the junior class. Both these classes are at Princess Road Primary School.

Six children left the classes and, at the end of the year, thirty-four children were in attendance.

There are seven children awaiting admission to the junior and infant classes but none to the senior. Unfortunately, the places available are in the senior class and as no children are yet old enough to transfer, it is not possible to arrange the admission of those waiting. It is hoped that they will all be placed during the coming year.

(d) LANCASTRIAN DAY SPECIAL SCHOOL FOR CRIPPLED CHILDREN

This school caters for crippled children who, by reason of their disabilities, are unable to attend ordinary schools.

The Committee's Consultant Orthopaedic Surgeon makes regular visits to the school and prescribes treatment which is given under his direction by the Physiotherapists permanently attached to the school. Particulars of this work are given in the Orthopaedic Treatment section of this report.

A school medical officer attends the school each week to supervise the general health of the children and a school nurse treats the children for minor ailments and is responsible for their daily medical care.

Children from all parts of the City attend this school and because of their disabilities most of them are unable to travel safely by public transport. Special transport is therefore provided by the Committee's own two single deck buses, augmented by buses hired from the Corporation Transport Department. An attendant travels on each bus.

Mrs. V. Sheridan, deputy headmistress, who has been in charge of the school during the absence of Miss E. Slinger the headmistress owing to illness, has kindly supplied the following report:

"The busy life of the school has continued throughout the year.

There has been an increase in the number of more severely handicapped children admitted to the junior school and, in September, an extra infants' class was formed, to ease the situation.

Since September we have had full-time speech therapy, and from the beginning of November we have had the services of a teacher of the deaf, for two sessions a week. The cerebral palsied children with speech difficulties, now have treatment at least once a week, and this is most encouraging.

The standardized tests for juniors and the secondary schools' entrance examinations were taken. Three children gained scholarships—one to a grammar school and two to a technical high school. Another boy, who was over age, gained a grammar school place on recommendation.

The visit to the pantomime was thoroughly enjoyed by the children. During Easter a group of children spent a happy holiday at Morecambe, and in the summer-term senior boys went camping, in the grounds of Bostock Hall School.

Each term we have held a parents' meeting and, this year, the parents spent part of the evening listening to recordings made by the children. Our new tape recorder has provided a stimulus for speech training and

dramatic work and has been greatly appreciated by children, parents and staff.

Out of door activities during the summer were limited owing to the wet weather. The sports had to be taken indoors and the parents had to cancel their visit.

Two special services were held for Harvest Thanksgiving—one for juniors and one for seniors—the latter being taken solely by the children. Boxes of fruit were sent to sick children and staff absent from school and the surplus was sent to a nearby “Old People’s” Home.

As in previous years, we have been very grateful to the staff of the Youth Employment Bureau for their invaluable help in assisting school-leavers to find suitable employment.

The Old Scholars’ Association have held their Club Meetings each month and their annual reunion was a great success. There were many unexpected arrivals and extra teas had to be served in the gymnasium.

During the summer months alterations were made to the kitchen. These have made working conditions much easier and also provided extra space in the dining room. At the end of the year work started on the alterations to the housecraft room. As this room is to have a decided “new look” both children and staff are eagerly awaiting the finished result.

My thanks are due to the clerical, medical, teaching and domestic staffs, who have given me their co-operation during Miss Slinger’s absence.”

NUMBER OF CHILDREN	Boys	Girls	Total
On roll, 1st January, 1958	95	79	174
Admitted during 1958	19	15	34
Discharged during 1958	24	18	42
On roll, 31st December, 1958	90	76	166

REASONS FOR DISCHARGES			
Left for work	8	7	15
Transferred to ordinary school	5	3	8
Transferred to Margaret Barclay School	3	1	4
Transferred to occupation centres	3	3	6
To secondary education—scholarship	2	2	4
To Further Education Colleges	—	1	1
Home teaching	2	—	2
Training centre.....	1	—	1
Left district	—	1	1

OCCUPATIONS IN WHICH SCHOOL-LEAVERS WERE PLACED			
Office	4	1	5
Gardening	1	—	1
Moulding (costume jewellery)	1	—	1
Light assembly	1	—	1
Weaving.....	—	2	2
Machinist	—	1	1
Hand sewing (gown shop)	—	1	1
Home occupation	1	1	2
Laundry work	—	1	1

(e) CRUMPSALL DAY OPEN AIR SCHOOL

This school, situated on the north side of Manchester, provides special educational treatment for delicate children who, although they do not require the full treatment provided at the residential open air school, benefit by the special care and attention given during school hours.

A school medical officer visits the school twice each week to examine the children and prescribes any special treatment. She examines all new entrants on admission and all the children at periodic intervals during their stay in the school. A school nurse, who is permanently attached to the school, undertakes the treatment of minor ailments, as well as any special treatments such as breathing exercises, postural drainage and ultra violet ray therapy. A physiotherapist attends once each week to give remedial exercises.

Special transport is provided for those children who live a distance from the school and for whom the public transport is not convenient. An attendant travels on each bus to ensure the safety of the children.

Dr. M. A. J. Melville, the visiting school medical officer, who recommends and supervises the medical treatment, reports as follows:

“The aim of the School Health Service at its inception 50 years ago was to discover and treat any defect which might prevent a child from taking full advantage of the education provided for it. That aim has been faithfully and successfully pursued but the concept of the purpose of the service has widened to include not only physical but emotional and moral needs as well.

In fulfilment of this no part of the educational system is more valuable than the open air school. Here any child admitted has a physical disability but many have also emotional and behaviour difficulties arising not only from the handicap but from unwise handling by parents and friends. Many have been overprotected and indulged and a few denied affection and understanding by their parents. It is pitiful to see at some of the happy social occasions at school to which parents are invited, the disappointment of a child whose parent could but won't come to join them at their fun. Much patient care and effort is expended in encouraging more independence in the one case and in building up confidence in the other.

During the ten years of my association with this school the pattern of defects among the children admitted has changed quite considerably.

The “chesty” child—the asthmatic and bronchiectatic child—an apparently inevitable accompaniment of our smoke and smog impregnated air—now form the biggest group. As living standards have risen cases of malnutrition have greatly diminished while those of maladjustment have increased. These cases of maladjustment have caused many problems in school and marked success has been achieved by the patient understanding and hard work of the teachers. This has encouraged outside bodies to advise admission of some very difficult children. I feel that this, if carried to excess, can impose too great a burden in a school where every child needs special attention in some form or another.

The provision of fresh air, good food, attention to physical ailments and encouragement to lead as normal a life as possible within the limits of their



Xmas festivities at Abergele Chest Hospital School.

handicap and the happy relaxed atmosphere which is a noticeable feature of the school, are factors which have enabled many children to be transferred back to their own school or to leave able to take their place in a competitive world. Some, not many, and mostly cases of bronchiectasis, have had to be transferred to a residential open air school and some have improved there sufficiently to return to Crumpsall.

Television I have, in previous reports, blamed for failure to progress satisfactorily. This is still a problem but, I think, a slightly decreasing one. One child with a very poor home background, when asked to make a special effort for party day, arrived with gleaming shiny hair. On being congratulated on his efforts he admitted using a product much advertised on television.

The gloom provided by the weather has been much lessened by the bright new decorations and furniture—these are a joy to us all.

Details of the work done by Sister Wetton at the clinic are appended. Reference to the number of cases dealt with reveals how hard she works.

A useful new feature is the visiting of the homes of children where for various reasons contact with the parents has been difficult. This she does during holiday periods and the information so gained has been most helpful.

I have been pleased to find that so many parents are coming to discuss problems with me. This is time consuming but a worth while part of the team work involved.

My thanks are due to Miss Lord and her staff, especially to those who have the care of the “difficult” children, for their helpfulness and friendly co-operation at all times.”

The following table gives details of the number of examinations made and treatments given at the school:

NUMBER OF MEDICAL INSPECTIONS	
On admission to school	73
Re-inspection	874
Number of parents interviewed	102
Number of homes visited by Sister	47
Number of ultra-violet ray treatments	775
Number of breathing exercise treatments	1,361
Number of uncleanliness inspections	1,009

SCHOOL MINOR AILMENTS CLINICS	
Number of treatments given:	
Eye defects	353
Skin defects	665
Miscellaneous defects	3,251
Postural drainage	409
Total attendances at clinic	9,610

Miss E. M. Lord, the headmistress, states:

“Variety is the spice of life” we are told. Life in our day open air school is certainly full of variety, both in the disabilities and personalities of the pupils, and in the educational and recreative activities in the school.

No sooner had we returned in January than the children began to speculate on the possible date of our annual visit to the pantomime at the Manchester Hippodrome, an event greatly enjoyed by the children of all ages. Later that month, we were represented by two senior pupils at the re-opening of

the Cheetham Library, which had undergone an extensive process of modernisation. A group of younger children subsequently visited this Library to hear a talk, by Miss Kathleen Fidler, about her books. Other visits included a Halle concert and those to various industrial organisations, whilst a group of juniors had the thrilling experience of descending the model coal mine in Buile Hill Park, Salford.

Special services were held in celebration of Empire Day, World Children's Day, Harvest Festival and Christmas. These occasions give our children, who receive so much, an opportunity to experience the joy of giving. Again, fruit and flowers were distributed to our own sick children, to old people's homes and to hospitals. Donations were sent to U.N.I.C.E.F. and to "Save the Children Fund".

The school concert, sports and garden party have become annual events which are eagerly anticipated and enthusiastically supported by the children and their parents.

The provision of up-to-date equipment for physical education has been a source of great delight to the children and the enclosing of the rest sheds has meant that such activities can be enjoyed to the full even in the coldest weather.

The pleasing decorations carried out during the summer holidays amply compensated for the fact that we were unable to open a holiday school this year; especially as the lack of sunshine would have compelled us to spend a great deal of time indoors.

Owing to the transitory nature of the greater part of the population of the school and the comparatively low standard of attainment of many of the children, it is rare for us to meet with much success in the academic field. This year, however, was an exception, and I am delighted to report that one boy and one girl were given places in grammar schools and one boy and one girl places in technical high schools. A third boy, who left us in November when the family removed to Wythenshawe, also obtained a grammar school place. Two 15-year-old girls passed the examination for the pre-nursery training course and are reported to be making good progress. A 12-year-old girl won the first prize on the Openshaw Library's essay competition.

A lively contact with past students is maintained and two socials were held during the year. I attended the speech day at Cheetham Secondary School and was pleased to find two ex-pupils receiving awards; one as a head prefect, and a second a certificate for athletics. Amongst my Christmas cards was one from a regular soldier in Cyprus and another from a boy who, when he wrote to tell me that he had joined the R.A.F. as a regular, made, what I feel to be, an apt comment with which to end this part of my report. "That shows what an open air school can do for asthma."

Once again I must record my appreciation of the work of the teaching and domestic staffs and of Dr. Melville and Sister Wetton whose wonderful co-operation contributes so much to the well-being of our children.

Children on roll January, 1958	207
Admitted during the year	68
Discharged during the year	70
On roll December, 1958	205

RESIDENTIAL SPECIAL SCHOOLS

(a) SOSS MOSS RESIDENTIAL SCHOOL FOR EPILEPTIC CHILDREN

This school, which is in Cheshire, about 17 miles from Manchester, caters for epileptic children who, by reason of their disability are not able to attend ordinary schools in the City. At this school they can have the medical treatment necessary for their disability and receive education according to their ability.

The general medical care of the children is under the supervision of a local practitioner, who acts as family doctor to the school. He attends at least once a week to supervise their medical treatment and he is also on call for any emergency.

Special visits are made to the school by Dr. N. Regan, Deputy Senior Medical Officer, who regularly undertakes blood tests of children who are having certain drug treatment. She also makes special examinations of the intelligence of the pupils.

During the year a new kitchen block was built and equipped with the latest modern cooking equipment. This has proved very beneficial and has released accommodation for the pupils' use in one of the boys' homes. Further improvements are planned and an isolation room and clinic block have been approved in the building programme for 1959-60.

The shooting brake which was transferred from the Margaret Barclay Residential School during the year has proved to be a great asset for the conveyance of both children and staff.

Details of the number of children in residence during the year are given in the following table:—

	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
On roll January, 1958	41	31	72
Admitted during the year	6	8	14
Discharged during the year.....	4	12	16
On roll December, 1958	43	27	70

Dr. W. V. Wallace, the visiting physician, reports:—

“The past year at Soss Moss has not brought any new problems and the children continue in good health.

The number of epileptic attacks now seems to be minimal as alterations in drug dosage and the introduction of new drugs do not seem to lower the number of attacks. Since reaching this stage it is noted that the number of behaviour problems in the children has been greatly reduced.

During the past year there have been two cases of status epilepticus but control in each case was quickly achieved. Each attack lasted for some twelve hours and there were no after-effects, both children being fit enough to want to get up after 24 hours.”

The headmaster, Mr. H. Burton, has kindly supplied the following report:

“After a break of about twelve months, there are now two specialist teachers in school, enabling use to be made of both the housecraft room and the needlework room for a portion of each week. Two groups of boys are able to devote a day each to woodwork instruction; and three groups of girls and one of boys to housecraft instruction. These lessons are naturally very popular, and by the end of the year several boys had advanced sufficiently

at the craft to be able to make use of the power-driven lathe, while the boys' cookery group is delightfully enthusiastic. It is hoped that it may be possible in the near future to arrange for a group of girls to spend a part of the day in the woodwork room. It is now eighteen years since Mr. Oakes commenced with his small group of boys the repair and assembly of clogs, but although the children do not use the clogs to anything like the same extent as they did, the class continues to meet weekly. This autumn, twenty pairs of new clogs, of various sizes, and more of repaired used ones, were sent to the Parrswood School Gardening Centre.

The children's instruction in the customary school subjects has changed but little for some years, but during 1958 some use was made of the B.B.C.'s schools' television service. In the spring of 1959 the whole series on "Mammals in Britain" will be followed. The majority of the series of lessons are too advanced for our young people, many of whom are so retarded that a great portion of the time-table must be devoted to basic reading and arithmetic. The school library is sufficiently well stocked now to be a valuable asset and small groups of fluent readers are allowed to use it during their reading lessons. Here they can read without the distraction of the stumbling efforts of their less proficient class mates.

The well-worn field proves that it is well used by the children, but for many years now an absence of neighbouring schools prevents many competitive matches in either football, cricket or netball. Enjoyable games of football between the boys and their fathers have been played. The coming of the motor brake in March has made school journeys easier, and in July enabled a party of girls to go to the Manchester Children's Folk Dancing Festival, and in October a party to the Macclesfield Music Festival, both previously inaccessible. Other parties have journeyed by train to Manchester to the Ideal Homes Exhibition, the International Folk Dancing Festival at the Free Trade Hall, International Children's Art Exhibition, Belle Vue, and by road to the Macclesfield telephone exchange. Many small parties travelled to Manchester in the late autumn to the shops.

The sports day and old scholars' reunion was again very enjoyable and produced the customary good attendance of old scholars. Prizes were presented by Dr. Norah Regan of the School Health Service. The Annual Carol and Harvest Services took place. At each a collection was made by the children enabling us to send £1. 10s. 0d. to the National Council for Animal Welfare, and £1. 0s. 8d. to Dr. Barnado's Christmas Appeal.

The Christmas party was, as usual, a huge success. Mr. Moore, from the Accountants' Department, acted as Father Christmas, and presented the gifts. After this ceremony, the children dispersed to their tea, and at six o'clock returned to the school, where a programme of entertainment was given by the children to their guests and to one another. Each class contributed items, and fully three-quarters of the children were on the stage in their turn. One novel item of entertainment was skiffle music, given by some of the senior boys. These lads, with their own, and some home-made instruments, had practised assiduously for their own amusement, and for this event, entirely unassisted by any adult, for many weeks. Their skill may not have been great, but their enthusiasm, and more importantly, self-reliance were commendable.

In May, the English Children's Theatre gave a very enjoyable performance in school.

In addition to visits from the Special Schools' Sub-Committee, Mr. J. K. Elliot, the Chief Education Officer, Councillor Longmore of Sheffield Education Committee, Dr. Doshi, of Bombay, Mr. Dawson, a Manchester Neuro-Surgeon, and many others have visited the school during the year."

(b) MARGARET BARCLAY RESIDENTIAL SCHOOL FOR PHYSICALLY HANDICAPPED CHILDREN

This school provides special educational treatment for crippled children who are so seriously handicapped that they are unable to be educated in an ordinary school.

In the previous report mention was made of a new wing that was nearly ready for occupation. The building has now been completed and it will be possible to gradually increase the number of children to a maximum of 60. The new wing comprises a school unit, additional dormitories, a play room, a new physiotherapy unit including a hydrotherapy bath and a medical examination room. Staff bedrooms have been built on the upper floor of the dormitory block.

The new motor coach which was bought during the year to replace the shooting brake, proved of great benefit to the children, as more of them are now able to enjoy visits for social and educational purposes.

The local medical practitioner who undertakes the general medical care of the children, makes regular visits to the school and is also on call at any time.

The Education Committee's Consultant Orthopaedic Surgeon is responsible for the diagnosis and supervision of the specific disability from which each child suffers. He visits the school at least once a fortnight to examine the children and to advise the physiotherapists about the necessary treatment.

Details of the number of children in residence during the year are given in the following table:—

	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
On roll January, 1958	20	23	43
Admitted during the year	9	5	14
Discharged during the year.....	8	6	14
On roll December, 1958	21	22	43

Dr. C. H. Gattie, the visiting doctor who supervises the general health of the children, reports:—

"The health of the children has been very good and we have had no epidemics or major infections.

The new wing is now in full use and apart from the obvious advantages as regards education and treatment the increased accommodation no doubt accounts for the improvement in health.

Since the Hydrotherapy Department came into full use there has been some increase in otitis externa but this is probably due to an irritation of a condition already present, rather than a cross-infection which can hardly occur with the elaborate purification of the water used in the bath and means

that perhaps a more careful examination of the children before undergoing treatment is all that is required.

The Hydrotherapy Department would appear to be the greatest step forward in treatment and already many of the children have improved in walking, and a few have actually learned to swim unaided."

Miss V. A. Jackson, the acting headmistress, has kindly prepared the following statement as Miss E. J. Duffy, M.B.E., the former headmistress, retired in July, 1958:—

"The year 1958 has been a very momentous one for the school, the two outstanding events being our move into the new school buildings, and our farewell to Miss E. Duffy, our headmistress, who retired in July after 39 years' service with the school.

It was with great excitement on Monday, 5th May, that the children came along the corridor, which leads from the house, and for the first time passed through the big double doors which mark the entrance to the school. With great pleasure they viewed the new school hall, the three classrooms, opening from it, the library, the beautiful new practical room, and last but not least, the new housecraft room where all of them hoped some day in the future to bake wonderful cakes, etc., and wash and iron countless things.

The first excitement over, the children settled down to working in, and enjoying, their new surroundings.

All too quickly the weeks sped away, and plans were made and perfected to make open day on 18th July a memorable one, as this was the day on which we were to make our farewell presentation to Miss Duffy, to which staff, past and present, scholars and friends of the school had subscribed.

On open day itself many old friends of the school visited, as well as the present children's parents. We had the usual children's exhibition of work and concert given by the entire school.

The concert over, performed for the first time on the magnificent new school stage, a new scene was set, with Miss D. M. Taylor, Inspector for Special Schools, in the Chair and with Alderman Oldfield, Chairman of the Education Committee on the platform, to present Miss Duffy with a gold watch, chosen by herself, and a cheque. Before the actual presentation took place Susan McCall our youngest girl presented Miss Duffy with a bouquet of pink carnations and scabious; and Barbara Clark and Mary Farrell, our two oldest girls, presented her with a woollen stole, hand woven by the children and a Mobberley Book (a book of signatures, paintings, etc., compiled by pupils past and present).

Another interesting event in the school year was the visit of the Special Schools Association on Wednesday, 9th July. The members came during the early evening, and were able not only to see the new school building but also the children taking part in their normal Wednesday evening organised games and activities.

Miss Duffy, later in the evening, gave a talk on the history of the school.

Guides, Brownies, Scouts and Cubs, have flourished as usual during the year. The Guides had their annual camp at Malpas at Whitsuntide, when they joined with other handicapped Guides and Rangers of Cheshire.

During the Autumn the children spent some of their craft time, and most of their evening activity time in making Christmas presents for their families.

A variety of things were made which gave great pleasure both to the children and to their parents.

A new shopping experiment was tried with great success. A number of catalogues were handed to the children, these were perused with great care and concentration. Each child who wished, then made a list of the things he, or she would like to buy, prices were added up, and great calculations went on as to how much money each child had in the bank, and the list adjusted accordingly. The goods were then purchased for the children, mainly from a store in Manchester. These were stored until just before Christmas, when they were produced and a very exciting evening was spent in sorting out and parcelling up the various presents. These, with the things they had made themselves, made a goodly array.

Christmas brought the usual parties. Starting with the senior All Hallowe'en party, a fancy dress party, held as near the actual Hallowe'en night as possible, followed by the junior Christmas party held early in December, also a fancy dress affair. This junior Christmas party is often referred to by the younger children as "Our Hallowe'en party". Being a little unsure what "Hallowe'en" really means and being very conscious of the fact that for this party they dress up just as the seniors do for their party, the two parties must therefore both be "Hallowe'en" parties. The dressing up is to the children one of the outstanding things of the party and they plan for weeks beforehand just what they are going to be on the great day.

The final event of the year was of course our Annual Tree day, held for the first time in the new hall. The school was gaily decorated, a great many of the decorations being made by the children. A large tree was placed in the corner of the hall. After a simple, but delightful concert, given by the children, Father Christmas visited with a huge sackful of presents. This was followed by a Party Tea, and later, by games in which all the children took part.

During the afternoon of Tree day, there was an exhibition of the children's work in one of the classrooms; many and varied were the exhibits, but the table which had given the children the greatest pleasure was the one on which was displayed their Christmas cakes. They had been thrilled when they had first looked round the domestic science room but the joy of the twelve children concerned was for the moment completed when they viewed the magnificent Christmas cakes they had made in this room, and which they were taking with them to their homes for Christmas.

I must not close without mentioning the film shows which have taken place, on average, once a month in the new school hall. These have given the children great pleasure and such films as "The Ascent of Everest" impressed the children very much.

The whole year has been one of pleasurable change, variety, and a lot of hard work. The children have played well, worked well and have been very interested in all the changes their new surroundings have brought."

(c) OPEN AIR BOARDING SCHOOLS

(i) *Residential Open Air School, Styal*

This school continued on familiar lines and catered for delicate children who, because of their poor general condition, receive benefit from a stay

in an open air school and at the same time receive their academic and social education.

All types of children, from those who are just run down to the more serious cases of bronchiectasis and asthma are admitted. They are under the constant care of a resident Matron and an Assistant Matron with nursing attendants.

A local medical practitioner is responsible for the medical care of the children and he visits the school twice a week and at any other times when necessary.

There were no staffing difficulties during the year and it was possible to utilise the whole of the accommodation.

The following table gives details of the number of children in the school during the year:—

	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
On roll January, 1958	54	54	108
Admitted during the year	63	60	123
Discharged during the year.....	60	61	121
On roll December, 1958	57	53	110

The visiting physician, Dr. R. Edmondson reports:—

“During the year 1958, Manchester Residential Open Air School was visited two days each week and whenever necessary. In addition, each child was examined on admission, once during each term and prior to discharge.

There was an epidemic of Asian influenza and 45 children were affected. All of them made a complete recovery after a few days of illness. Five of the staff were also taken ill with the same infection.

There were ten cases of chicken pox and 23 cases of mild sore throat but no other infectious diseases. There were the usual miscellaneous minor ailments of coughs, colds, strains and bruises.

Six children were immunised against diphtheria and 35 had injections against poliomyelitis through the co-operation of Dr. Anderson, the Medical Officer of Health for Wilmslow, who supplied the vaccine.

One child had a fractured head of humerus and ten children had mild attacks of asthma.

A great majority of the children benefited from their stay at Styal and showed a satisfactory increase in weight when discharged. The staff sought advice on various occasions but, apart from a few who had influenza, the remainder suffered from minor ailments only.”

Miss M. Webster, the headmistress, has submitted the following information about the year’s work:—

“Though this report may be shorter than usual, school has been none the less active. Routine work has progressed steadily and activities have followed more or less the pattern of the previous year with one exception.

Improvements to the school building must be noted. The much needed staff room was completed early in the year and was put into use immediately. School looked almost new after being freshly painted inside and out at Easter. The classrooms looked very gay. Then the proscenium for the

stage was erected in the hall; this was an excellent job of work and was completed with curtains and lights in time for the Christmas entertainment. The pottery kiln was installed early in the year and has been much used giving some very favourable results.

Club nights are still popular and the highlight of the children's lives judged by their conversations. During the autumn term a scout troop was formed.

The usual tests given in the normal schools were taken. Outside shows were entered for and several successes gained. Here must be mentioned the achievement of winning the Alderley Cup, offered for the first time in 1958 and also winning the Alderman Jackson Gardening Shield for the second year in succession. An educational exhibit was also requested for the Manchester Show.

The social activities seem to have taken on a regular pattern, i.e. visit to the pantomime, sports' day garden party, open days and sales days, Christmas Fair and party but in addition to all these a school excursion was taken into Derbyshire where the children visited a cavern and then went on to Hardwick Hall to picnic and view the Hall. This was so successful that another school excursion is being planned for this year.

In addition to the regular services held in school, two services were held to which the parents were invited. These were the harvest festival service and the Christmas carol service.

The Special Schools' Association held a meeting here during the autumn term. Mr. Lucas addressed the meeting which was exceedingly well attended in spite of the shocking weather. Tea was provided in the rest room.

During the year two films have been made. One is in colour and deals with the subject of gardening exclusively whilst the other is a type of documentary on the general work done at this school.

Looking back on 1958 I feel that much work has been done, a great deal of new interest created and consequently obvious progress made. The children have settled well in school and parents have made a point of thanking the teaching staff for their efforts."

(ii) *Summerseat Residential Open Air School*

Mention was made in the last Annual Report of the reorganisation of this school. Due to improved treatment for children suffering from rheumatic and congenital heart defects, there were very few needing special educational treatment in a residential school and most of the cases admitted to this school during the past year were children suffering from bronchiectasis or asthma, who would particularly benefit from the individual attention which can be given in a small residential school. The present accommodation is for twelve boys and eighteen girls.

Minor building improvements were made during the year and an asphalt playing space was provided in the grounds.

The children are under the care of a local medical practitioner who makes weekly visits to the school and at any other times when called upon. The Honorary Paediatrician to the Committee also visits from time to time.

The following table gives the number of children in the school during the year:—

	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
On roll January, 1958	12	17	29
Admitted during the year	16	21	37
Discharged during the year.....	16	25	41
On roll December, 1958	12	13	25

Dr. H. Kelsey, the visiting physician, reports as follows:—

“Each child is medically examined shortly after admission and thereafter at monthly intervals or at the beginning of each term. Routine visits are made weekly and further visits made at the request of the Matron or as the health of the children dictates.

There were a few cases of chicken-pox and a few cases of tonsillitis in January, but apart from this there were no epidemics. Because the average age of the children is lower than it was two years ago it is more likely that mild epidemics will occur at the beginning of term when the children have returned from their homes.

Two children were sent to hospital as emergency cases. One was a child suffering from Christmas disease who needed a blood transfusion. The second case was that of a girl who complained of severe pain in the left hip joint, but investigation did not reveal any organic disease.

A portion of the playing field has been surfaced with asphalt and provided with a see-saw and other similar equipment. As a result of this it is now possible for children to play out of doors when formerly the condition of the field would have made it necessary to confine them to the playroom.”

The headmistress, Miss N. J. Hilton, has kindly contributed the following statement:—

“During the year the School has been filled to capacity and the activities of the children many and varied, though greatly hampered by lack of space.

We hope that sometime extensions and alterations may be carried out and we shall have room for our library and puppet theatre. We should much appreciate a school hall for assemblies and physical education, with a small stage for plays and concerts, as the playroom is too small to accommodate all our parents and friends.

We have had three “open days”—a summer play, a harvest festival and a nativity play and a carol service. Each was well attended and we are grateful to our visitors for their unfailing support.

The outings during the year included visits to St. Annes-on-Sea, to the pantomime, to the circus and shopping expeditions to Bury and Ramsbottom. The children have also visited two old people’s homes in Bury, taking fruit and flowers from their harvest festival and have attended the harvest festival services at the local church.

The children joined the International League for The Protection of Horses and have had a coach trip to Bleakholt Farm at Shuttleworth, to see some of the horses they have helped to save.

They also take a great interest in their pets in the school, four budgies, an aquarium, two dogs—their constant companions, and the horses in the school field.

“Club nights” are held three nights a week under the supervision of visiting teachers.”

(iii) *Great Moreton Hall Boarding School*

This school, which is situated about three miles south of Congleton, has been open for the last three years. The year under review was the first in which the full accommodation was taken up by boys only.

Great Moreton Hall is different in organisation from the other residential schools for delicate children as in this the administration is the responsibility of a resident headmaster. He is assisted by resident teachers, who are responsible for the education of the children during school hours and for their general social activities and welfare also. A housekeeper and domestic staff look after the household arrangements. A nurse is also resident at the school and she is responsible for the medical treatment of the pupils under the direction of a local medical practitioner who makes periodic visits to the school as and when necessary.

The following table gives the number of pupils in the school during the year:—

	<i>Boys</i>
On roll January, 1958	77
Admitted during the year	47
Discharged during the year.....	52
On roll December, 1958	72

Dr. R. W. Ritchie, the visiting physician, reports:—

“Since the change-over to all boys Great Moreton seems to have become a much more settled community and a developing school spirit is noticeable. This, at any rate, has been my impression recently when reviewing pupils for discharge. A high proportion of boys are now asking to be allowed to stay on whereas not so very long ago the reverse was the case; three terms seem all too short. Some boys are, in fact, kept on longer but always primarily on medical grounds, home conditions ranking second in importance.

The health of the School has been satisfactory. We have had the normal incidence of common respiratory infections and a small number of cases of chicken pox. Several accidents have needed hospital treatment but none has been serious. The new sick-bay has been most useful and convenient.

Dental treatment facilities to be housed in the clinic in the school will be a most welcome addition.

We have been without the continuity of a resident nurse since the middle of last term but assisted very efficiently and agreeably by a succession of deputies from the School Health Department.”

(d) *BOSTOCK HALL BOARDING SCHOOL*

Bostock Hall School, situated near Northwich, Cheshire, provides special educational treatment for educationally subnormal pupils who are considered to need a boarding school education because of unsatisfactory and unhelpful home environment.

The school has accommodation for 80 pupils, 40 girls and 40 boys, between the ages of 7 and 16 years, but it was not possible to utilise the full accommodation during the Autumn Term owing to shortage of teaching staff.

This position has been remedied and it is anticipated that all vacancies will be filled early in the new year.

	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Number of children on roll, January, 1958	35	34	69
Admitted during year	8	6	14
Discharged during year	12	6	18
Number of children, December, 1958	31	34	65

Dr. R. Dudley Jones, the visiting medical officer, states that the general health of the pupils has been quite satisfactory and there have been no major outbreaks during the year. He has agreed with the proposal to provide part-time nursing assistance on a few days each week and arrangements are being made to do this as soon as possible next year.

The headmistress and warden, Miss M. Edwards, has kindly supplied the following report:—

“Boarding school life is always full of interest and excitement and of course from time to time has its difficult moments. For the purpose of this report we shall concentrate on the former whilst remembering the many occasions on which our difficulties as they arose have been solved by the goodwill, ingenuity and co-operation of the teaching and household staff supported by the willingness and trust of the children.

A great many older children left during the year to enter a new life as citizens and young workers. In preparation for their leaving, visits to works in Manchester were paid by the leavers groups with the help and co-operation of the Youth Employment Service.

The boys’ cricket and boxing teams have had matches and contests with Manchester boys. When our own playing field and Pavilion is ready we hope to hold return events.

Our Sports Day was “rained off” but we changed the occasion into an open day and dance for parents and children and everyone enjoyed themselves in spite of the weather.

Visiting groups to the school included the partially sighted classes and groups of campers from other special schools. The Chorlton Park Youth Club visited to entertain us again.

We had a school trip to Rhyl and outings to Chester zoo and West Kirby organised by the Northwich Round Table.

The year ended with the usual Christmas festivities made memorable this year by a Nativity Play presented to parents by the youngest children followed by an “All Your Own” show organised by the seniors.

So many of our senior children left at Christmas that we have entered 1959 as a very “young” school.

We would like to record our thanks for many kindnesses to all our friends, the Plaza Cinema and the churches and chapels in the neighbourhood. Their friendliness and helpful co-operation are greatly appreciated.”

(e) Buglawton Hall Boarding School

Buglawton Hall School is situated near Congleton, Cheshire, and provides accommodation for 25 maladjusted pupils, boys and girls, between the ages of 8 and 12 years who are considered to require special educational treatment in a residential school.

The school has catered for its maximum number of pupils throughout the greater part of the year and arrangements have been made for all pupils to spend varying periods at home or elsewhere during the school holidays.

	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Number of children on roll, January, 1958	20	5	25
Admitted during year	4	6	10
Discharged during year	9	2	11
Number of children, December, 1958	15	9	24

The visiting physician, Dr. R. W. Ritchie, reports:—

“During the past year the health of the pupils has on the whole been very good. There were no serious illnesses or major accidents. Most children showed steady progress in weight-gain, physical development and an improvement in behaviour. I always ask them if they are happy at Buglawton and invariably the answer is—Yes.”

Dr. R. H. Andrews, the head and warden, has kindly submitted the following report:—

“1958 has been another steady year of progress and hard work at Buglawton Hall.

We have had no staff changes at all on the teaching side and this has given to the children a feeling of consistency and stability, which is a major factor in their rehabilitation.

With rare exceptions, the results of the terminal tests show that the special facilities offered to the children here provide adequate opportunities for catching up on scholastic retardation. The enthusiasm with which nearly all the children go into their classes is an indication of their spirit of co-operation and of their will to make the most of the opportunities offered. Most of our children are severely disturbed emotionally and it is greatly to the credit of the teaching staff that they have managed throughout the year to produce such a happy spirit of co-operation in the classroom.

Our out-of-school activities continue to flourish, though this year the emphasis has been more on free play than on organised games. We have never had a group of children before who could play so imaginatively and so happily as the present one. It is a joy to see them organising their own games of cowboys and indians, Robin Hood, soldiers, trains, buses and ambulances. The woods, the outbuildings and the spacious grounds continue to lend themselves admirably to this type of play and the children are quick to take full advantage of them.

The winter evening clubs are once again in full swing between 6 and 7 o'clock, and all the children take part in one or more of them. This year, for the first time, every child has been in the Dramatics club, with the result that everybody had a part in the two Christmas plays presented to the parents on the last visiting day of the Autumn term. The ease with which the children appear on a stage in front of an audience is a tribute to the patience and skill of Mrs. Atack's training. It must, of course, be remembered that she gives them daily coaching throughout the year, in preparation for the morning assemblies which are entirely conducted by the children themselves.

Every Thursday, Mr. Axson returns in the evening to take a modelling class of six enthusiasts. During the Autumn term, they have concentrated on basketry, this term we shall probably have clay modelling.

1958 has seen the inauguration of a new scheme of great interest to the children. An old farmhouse has been acquired by Mrs. Andrews and myself in the heart of the Welsh hills in Carmarthenshire, and already four very successful "camping" holidays have been spent there. We are now sufficiently well equipped to take up to eight children on each visit, which usually lasts for a week at half-term and for a fortnight at the beginning of the major holidays. In this way, every child can look forward to a week's holiday away once each year.

Our numerous pets provide an everlasting source of interest and enjoyment to most of the children. With the birth of another foal last Spring, we have now eight ponies, and these, along with the rabbits, bantams, cats and ducks provide us all with active and constructive occupations throughout the year. We have several tons of hay to make during the Summer months, and we have to find means of raising funds to buy corn, bran and oats. All these activities give opportunities to all the children to contribute something constructive and worthwhile to our community and go a long way to making the community a happy one."

HOSPITAL SPECIAL SCHOOLS

ABERGELE CHEST HOSPITAL SCHOOL

The Education Committee is responsible for the educational facilities in this Special School in Abergele Chest Hospital which provides medical and surgical treatment for tuberculosis and other diseases of the respiratory system. The hospital is administered by the Welsh Regional Hospital Board through the Clwyd and Deeside Management Committee.

The school was inspected by H.M. Inspectors and a Medical Officer of the Ministry of Education in May this year. The report was presented to the School Health Committee when their pleasure at its excellence was recorded.

Miss M. Park, the headmistress, has supplied the following information:

"Our report of this year must start with the explanation that big decisions have to be made on the future of this hospital. This fact alone creates an uneasy atmosphere among staff and patients, particularly staff.

The year has been a happy one, full of opportunity in a well staffed, well equipped school. In January one of our staff ceased to be an eligible bachelor. Whilst this personal note seems strange in this report, all who are part of Abergele Hospital realise that staff and scholars use these occasions for planned celebration and souvenirs which involve intensive school work at its highest level and achievement. January also brought news of a student's G.C.E. passes in geography and history, making four subjects of the previous year into six. In March we again entered Colwyn Bay Hobbies Exhibition and won four firsts and seven seconds, coupled with the silver cup for the best entry. Our two and three year olds have followed the television series "Watch with Mother" and our staff have written suggestions to the B.B.C. which may help small children here. In July we visited Chester Zoo. A display of work and a prize giving held in July was an outstanding success,

particularly in the happiness and understanding of parents. We have had parties of teachers from Liverpool University and Bangor and many individual teachers wishing to know more of our work. In July our G.C.E. student added one more subject to her successes whilst already studying for the advanced level.

Harvest festival in such a beautiful place is always a joy to Manchester children, particularly the joy of decorating the place themselves. The wealth of natural beauty here is a great asset on these occasions.

The highlight of the whole year was our Christmas party. Owing to the generosity of a Manchester business man we had "money to burn". The work and individual thought that went into it was colossal. Home cooked turkey, carved by our medical officers in the hall, home made milk bread rolls, trifles and with all the hospital staff there, make a memory never to be forgotten by those present. We teachers realise how very privileged we were to do this.

Housecraft still retains its popularity. It is difficult to believe this, but we are now cooking daily "tit-bits" on the ward.

Success has been maintained in commercial subjects. We gained seven passes in Pitman shorthand theory examination Stage I, five Stage II and speeds of 50 w.p.m. and 100 w.p.m.

We had a Ministry of Education inspection by Miss Eyres, H.M.I., Mr. Shepherd and Dr. Wilson and we enjoyed having them and appreciated their visit."

	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Number of children on roll January, 1958	40	44	84
Admitted during year	44	32	76
Discharged during year	55	51	106
Number of children on roll December, 1958	29	25	54

BOOTH HALL HOSPITAL SCHOOL

This hospital, which is administered by the Booth Hall and Monsall Hospitals Management Committee, provided medical and surgical treatment for children and the Education Committee the school within the hospital. Mr. L. Cunliffe, the headmaster, has kindly supplied the following report:—

"Annual reports of the past few years have recorded a steady increase in the teaching staff and changes in the pattern of teaching. The year under review has been the first for some time in which there were no changes to report. The staff of six teachers and two nursery assistants have been employed in ward teaching, on an individual basis, in those wards of the hospital where children tend to stay for the longest periods. While carrying out a programme of teaching the three R's, art and handwork, the staff find themselves acting as guide and friend as well as mentor to their pupils and they help to resolve many worries, uncertainties and anxieties which beset children who become patients in hospital.

The teacher in a hospital is a person of some experience in estimating the reactions of different children to hospital life and can make things seem much more cheerful by a suitable choice of activity or occupation. A fourteen year old girl admitted with miliary tuberculosis became despondent and unhappy, but by suggesting to her that she could help other children in the world by organising the sale of UNICEF Christmas cards she became much brighter and cheerful. An older boy whose mother is a widow, made

numerous purses and wallets and out of the profits from the sale of these articles to the hospital staff bought himself a pair of new trousers on discharge.

The activities which have become established over the years have been pursued during the past year, the boys' orthopaedic ward took part in special services at Christmas, Easter and harvest time at which parents were present. Film shows, B.B.C. sound and television programmes for schools have been used to keep the children in touch with the outside world. At holiday times other Manchester teachers have attended to organise recreational activities on the wards. A type of school bank has been started by selling Savings Stamps and this has been well supported by the parents of long stay cases.

I wish to conclude by reporting that the close co-operation of the hospital staff which the school has always experienced has been maintained undiminished throughout the year!"

	<i>Boys</i>	<i>Girls</i>
Number of children on roll January, 1958	28	33
Admitted during the year	265	289
Discharged during the year.....	255	284
Number on roll December, 1958	38	38

EDUCATION FACILITIES AT OTHER HOSPITALS

WYTHENSHAW HOSPITAL

Teaching facilities were provided at this hospital for children between the ages of 5 to 15 years. Tuition was given to children in the Ear, Nose and Throat Ward and in three wards which cater for those suffering from chest and rheumatic complaints and those being treated by skin grafting after severe burns. In general the tuition lasts from three to six weeks.

	<i>Boys</i>	<i>Girls</i>
Number of children on roll, January, 1958	31	31
Admitted during the year	384	321
Discharged during the year.....	388	328
On roll, December, 1958.....	27	24

OTHER HOSPITALS

Individual tuition has also been provided, as the need arose, for children at the Manchester Royal Infirmary, Barnes Convalescent Home, Withington and Monsall Hospitals. Although these are general hospitals for adults they have a few children from time to time. In addition daily periods of play for nursery children were organised and supervised by a trained nursery warden in the Burnage Babies Hospital.

CONVALESCENT TREATMENT

As in previous years, convalescent treatment was mainly provided during 1958 at the Dr. Garrett Memorial Home, Conway, which is owned and administered by the Health Department.

Close co-operation has also been maintained between the School Health Department and the Invalid Children's Aid Association and the Boys' and Girls' Refuges which submit recommendations received from hospitals and other sources and secure places at other convalescent homes. Financial responsibility for convalescence is accepted in approved cases by the Education Committee, usually for a period of six weeks.

During the year, a total of 1,413 children were recommended for treatment,

the majority by school medical officers, others by the medical officers in the Maternity and Child Welfare Centres, Booth Hall Hospital, Duchess of York Hospital, the Manchester Chest Clinic, Manchester Royal Infirmary, Wythenshawe Hospital and general practitioners.

Of the 1,194 children who received treatment, 951 were placed by the Committee at the Dr. Garrett Memorial Home and three at Swanscoe House Home, Macclesfield. The Invalid Children's Aid Association and the Boys' and Girls' Refuges arranged admissions for 240 children to various homes, as listed below.

The following tables show the statistical details of children dealt with through the Committee's arrangements:

Number of children admitted during 1958:

Dr. Garrett Memorial Home	951
Swanscoe House Convalescent Home	3
Total	954

Number of children discharged during 1958:

Dr. Garrett Memorial Home	969*
----------------------------------	------

Number remaining in Convalescent Homes, 31st December, 1958:

Dr. Garrett Memorial Home	102
Swanscoe House Convalescent Home	3
Total	105

In 1958, 129 recommendations were cancelled for various reasons and at the end of the year there were 90 on the waiting list.

During the year, admissions were arranged 46 times to the Dr. Garrett Memorial Home and, on one occasion, to the Swanscoe House Convalescent Home.

The incidence of infectious diseases during the year at the Dr. Garrett Memorial Home was as follows:

Tonsillitis	71
Measles	18
Rubella	18
Scarlet fever	20
Glandular fever	3
Mumps	5
Influenza	12
Dysentery	2

The following table shows the number of children who were recommended by hospitals and general practitioners and placed by the Invalid Children's Aid Association and by the Boys' and Girls' Refuges in various homes:

Ormerod Home, St. Anne's	61
Tanllwyfan, Colwyn Bay	51
Taxal Edge, Whaley Bridge	34
Hilbre, Prestatyn	31
Hillary, Prestatyn	22
West Kirby	14
Swanscoe House, Macclesfield	15
Margaret Beavan Home, Heswall	12
Total	240

* This figure includes 143 children who were brought home against the advice of the visiting medical officer.

TUBERCULOSIS

Co-operation between the Manchester Chest Clinic and the School Health Service has continued as in previous years. Children found at medical inspection in schools or clinics to be suspected cases of tuberculous infection were referred to the Chest Clinic, and reports giving the diagnosis and treatment prescribed were received regularly.

Dr. W. Robinson, the Consultant Chest Physician at the Chest Clinic, has kindly supplied the following statistics which relate to the age group 0—14 years, in accordance with the Clinic's system of recording in five-year age periods:—

	AGES 0—14 YEARS <i>No. examined at the Chest Clinic</i>	<i>No. notified as Tuberculous</i>
1949	1,230	154
1950	1,477	143
1951	2,258	132
1952	1,928	162
1953	1,528	140
1954	1,162	108
1955	1,131	117
1956	988	81
1957	916	85
1958	837	67

An analysis of the 67 children notified as tuberculous during 1958 shows 51 with respiratory tuberculosis and sixteen with non-respiratory tuberculosis.

A total of 193 school children were vaccinated with B.C.G. at the Chest Clinic during the past year.

ANTI-TUBERCULOSIS VACCINATION

B.C.G. CLINICAL TRIALS

Dr. C. S. Hunter, Physician-in-Charge of the Medical Research Council's Tuberculosis and Research Unit, has kindly supplied the following report on the clinical trials in the City :—

“The Medical Research Council's Tuberculosis Vaccines Clinical Trial continued throughout 1958. The Manchester Education Committee have continued their excellent and greatly appreciated co-operation with the Medical Research Council throughout this period. The young people in Manchester who are taking part joined the scheme in their last year at school during 1951 and 1952; they are now 20 to 22 years old. Approximately 6,000 volunteers originally joined the scheme in the Manchester area, and contact has been maintained with all of them; and in this difficult task the School Nurses on the staff of the Manchester Education Committee have helped very greatly with their annual visits to each volunteer.

Each of the participants in the Trial still living in the Manchester area was invited to attend the Medical Research Council's Mobile Mass Radiography Unit which visited six centres in this area twice during the year. In addition, as mentioned above, each of the volunteers was visited

by a School Nurse on the staff of the Manchester Education Committee, and the information obtained at these visits was, as usual, invaluable.

Special efforts have been continued, on the same lines as last year, and with the co-operation of the Senior Medical Officer and his staff, to improve the attendances among the defaulters in the Trial. As a result of these efforts, attendances continued at a reasonably satisfactory level. Throughout the year, the close collaboration in this investigation between the Manchester Education Committee and the Medical Research Council has continued with undiminished energy, and it is a great pleasure to acknowledge the very considerable assistance given to the Medical Research Council's work in this national research project.

As regards the Trial itself, no fresh progress report was issued in 1958. It was shown in the report of 1956 that the protection from vaccines against tuberculosis lasted at least four years after the vaccination was given, and the continuance of the Trial is designed to find out how much longer this protection lasts.

Although B.C.G. can make a substantial contribution to the control and prevention of tuberculosis, other methods are also of paramount importance. Provision of B.C.G. vaccination for the school-leaving population does not mean that efforts in other directions aimed at the prevention of tuberculosis can be relaxed."

B.C.G. VACCINATION SCHEME

The specially organised unit, consisting of a part-time medical officer, a school nurse and a clerk, have continued this work on approximately four sessions each week at various schools, quite separately from the normal medical inspections.

The vaccination scheme began in September, 1957, and by the end of the school year in July, 1958, all the children in the age group concerned had been offered vaccination. One hundred and fifty-two schools were visited and 4,990 children were given a skin test; 688 of these children were found to be "positive" reactors and were offered X-ray examination of the chest by the Mass Miniature Radiography Unit. Of the remaining 4,302 "negatives", 4,298 were vaccinated with B.C.G. Four children refused vaccination on the instructions of their parents.

Between the beginning of the new school year in September, 1958, and the end of the same year 48 schools were visited and 2,224 children had been given a skin test, 327 of these children were found to be "positive" reactors and were offered an X-ray examination, 1,892 of the remaining 1,897 "negatives" were vaccinated with B.C.G.

Dr. M. C. Davitt, the medical officer who has been responsible for this work, writes as follows:—

"The B.C.G. vaccination scheme has now been in operation for eighteen months and several rather interesting factors have come to light.

Firstly, no new cases of pulmonary tuberculosis have been discovered in this age group, which would seem to indicate that this form of coverage is reasonably adequate. There have been instances where the "positive" reaction was above normal in a few schools but this was found to be due to a

skin testing of previously inoculated school children and this naturally caused some discrepancy.

Another rather human deviation from the normal was that whereas the average acceptance rate remained the same, namely about 65 per cent., in some girls' schools it had fallen, possibly due to information acquired from previous subjects, but more probably due to cosmetic reasons.

We are now using freeze dried vaccine and have as a result a greatly delayed time schedule and an increased rate of wastage. This, however, is more than offset by the fact that the freeze dried vaccine is more easily stored and has a longer life than the type previously used. So far as I can ascertain, the "positive" rate remains the same with both types of vaccine.

Since the start of the school year in September, 1958, 2,224 children have been given a skin test and 327 have been found to be "positive". I have made it a standard practice to list as 'positive' all doubtful cases in order to check any errors which might arise.

In conclusion, I would be inclined to say that this was a very successful year. The acceptance rate has been static, the schools have been unfailingly courteous to us in spite of the strain imposed upon them by the present poliomyelitis vaccination scheme. The perseverance and able assistance given by Mr. R. Perry, the clerk, and the school nurse have greatly assisted me in carrying out this important preventive work".

MASS RADIOGRAPHY OF SCHOOL LEAVERS

Dr. R. Walshaw, the Medical Director of No. 2 Mass Radiography Unit has kindly submitted a report on the mass radiography survey of school leavers in 1958. Following the receipt of the Ministry of Health Circular H.M. (57)94 indicating that mass radiography of all school leavers was unjustifiable and uneconomic, discussions took place with the Medical Director to consider which pupils and students could be X-rayed as a routine procedure and the decision reached is referred to in the last paragraph of Dr. Walshaw's report which follows:

"The examination of school leavers was carried out in the Roby Congregational Church, Dickinson Road, Longsight, between February and May, 1958. It is again pleasing to note that the number of acceptances has been well maintained. An analysis of the examinations is recorded in the following tables:

	<i>Males</i>	<i>Females</i>	<i>Total</i>
1. Number examined on miniature film	3,476	3,403	6,879
2. Number passed as "normal" or showing abnormality not requiring further investigation on X-ray examination	3,431	3,363	6,794
Percentage of (1)	98.71%	98.82%	98.76%
3. Recalled for clinical examination or medical interview following examination on large film	45	40	85
Percentage of (1)	1.29%	1.18%	1.24%
4. Passed as "normal" or showing abnormality not requiring further action after clinical examination or medical interview	25	22	47

	<i>Males</i>	<i>Females</i>	<i>Total</i>
5. Recalled for clinical examination or medical interview and referred to private practitioner for investigation and care other than at Chest Clinics	5	6	11
6. Recalled for clinical examination or medical interview and regarded as needing further observation at a Chest Clinic.....	15	12	27
Percentage of (1)	0.43%	0.35%	0.39%

(All reference to Chest Clinics is carried out by the private practitioner and not directly by the Unit)

REFERRED TO CHEST CLINICS

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Cases of tuberculosis referred to the Chest Clinic or hospital and considered on investigation to require close clinic supervision or treatment ...	3	1	4
Cases of tuberculosis requiring occasional out-patient supervision only	—	2	2
Tuberculosis presumed healed	—	3	3
Bronchiectasis	6	3	9
Hodgkin's disease	1	—	1
Bronchitis	1	—	1
Calcified pleura.....	1	—	1
Post pneumonic collapse	1	—	1
Pneumonitis	1	1	2
Pulmonary fibrosis (non-tuberculous)	—	1	1
Aspiration pneumonia	—	1	1
No significant abnormality	1	—	1
	15	12	27

PRIVATE PRACTITIONER CARE

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Asthma	1	—	1
Acquired cardiac abnormalities	1	1	2
Congenital cardiac abnormalities	1	3	4
Bronchiectasis	1	1	2
Rib-stress fracture	—	1	1
Bilateral cervical ribs	1	—	1
	5	6	11

The number of cases of active tuberculosis is lower than the two previous years. The number of cases of bronchiectasis remains the same as in 1957.

We would again express gratitude to the Manchester Education Committee and to the staff of the School Medical Service for the help given to us, without which it would not be possible to carry out these examinations with the numbers involved. It should be recorded that this will be the last occasion on which all children leaving school at the age of 15 will be invited to a mass radiography examination. In future years the examinations will be confined to the following groups:

(1) Mantoux positive children of 13 years of age and upwards discovered during routine testing in connection with the Education Department's B.C.G. inoculation scheme.

(2) Those pupils at the further education establishments who are 16 years of age, or over, and are in their final year."

MATERNITY AND CHILD WELFARE

As in former years, arrangements have continued for children under school age to be treated for certain defects at school clinics, at the request of the Nursing Services of the Health Committee.

During the year, 115 children attended, and the following table gives particulars of the age ranges and defects:—

<i>Age of Children</i>	<i>Number of Children Treated</i>	<i>Defective Vision</i>	<i>Ear</i>	<i>Skin</i>	<i>Debility</i>	<i>Orthopaedic</i>
0—1 year	6	4	—	2	—	—
1—2 years	18	15	1	1	1	—
2—3 years	32	30	—	1	—	1
3—4 years	37	31	1	—	2	3
4—5 years	22	18	—	2	1	1
	—	—	—	—	—	—
	115	98	2	6	4	5
	—	—	—	—	—	—

Reference is made in the Principal School Dental Officer's report to the dental treatment provided for expectant mothers and young children, as required by the National Health Service Act, 1946, Section 22.

INFECTIOUS DISEASES

The following figures, compiled from weekly returns submitted by heads of schools and from figures supplied by the Health Department show the principal infectious diseases in school children and in all children between 0-14 years. The totals in the first column include suspected and confirmed cases and those in the second, notified cases only.

	<i>Notified by Schools</i>	<i>Notified by Health Department</i>
Measles	2,708	3,092
Whooping cough	200	215
Scarlet fever	640	502
Diphtheria	—	—
Chickenpox	4,172	—
Dysentery	931	—
Diarrhoea		
Food poisoning		
Poliomyelitis	74	113
Infectious jaundice	165	—

Once again no case of diphtheria occurred during the year so that it is now five years since there were any cases in the City. There can be no doubt that this result has been achieved by the immunization of children.

There was a further increase in the number of children absent with dysentery and diarrhoea and this emphasises the need for even greater care of personal hygiene and cleanliness of lavatories.

A special investigation into tuberculosis was carried out in one school during the year following the notification of an infected pupil from the Chest Clinic.

POLIOMYELITIS VACCINATION

In November, 1957, the Ministry of Health announced the extension of poliomyelitis vaccination to new sections of the population. This included four new groups within the school age range, that is, children born in 1943, 1944, 1945, 1946.

The early months of 1958 were spent in circularizing the parents of the children in these groups and by March over 20,000 children had been registered.

Vaccination began at the beginning of March and was completed, except for absentees and late registrations, by June 18th. At the same time, supplies of British vaccine received during April enabled those children whose parents had refused Salk vaccine and who had been waiting since 1957, to be vaccinated.

The Ministry of Health's Circular 20/58 issued on September 2nd, extended the upper age limit for vaccination to 25, and also stated that all children who had received primary vaccination should have a single reinforcing dose, provided that a minimum interval of seven months had elapsed since the completion of the primary vaccination.

As the circular recommended that the programme of primary vaccination should be completed before commencing to give reinforcing doses, all senior pupils in grammar and technical high schools, students in further education colleges and in teacher training colleges were next offered registration.

By the end of the year the acceptors in these groups had been vaccinated and preparations were being made to begin the reinforcing injections.

A further general offer was also sent at the end of the year to the parents of all children up to 15 years of age who had not previously registered and it is hoped to complete the vaccination of acceptors by April, 1959.

The total number of school children and students vaccinated in 1958 was: 32,369.

STERILIZATION

During 1958 it was decided to replace the "wet" sterilization unit at Stretford Road Clinic by the "dry" sterilization method as recommended by the Medical Research Council and already in use at the Health Department's sterilization centre at Monsall Road disinfecting station.

This system produces a dry sterile needle with syringe for each child receiving an injection and prevents any possibility of infection.

A hot-air sterilizer has been purchased to replace the steam sterilizer and has been installed. New syringes and other accessory equipment have been ordered and it is hoped that the new procedure will be in operation by the end of March, 1959.

IMMUNIZATION AGAINST DIPHTHERIA

Immunization against diphtheria was undertaken by school medical officers throughout the year in schools and clinics on 139 half-day sessions.

A total of 9,828 children were immunized, of whom 6,300 received a

“booster” dose and 3,528 received two primary injections. In addition, some 200 children received the first injection of the primary course. The year’s total is somewhat less than it was a few years ago as only one “booster” dose is now given during school life. In spite of this, however, due to special efforts, it is greater than that achieved during the last three years.

CHIROPODY

Chiropody treatment has been carried out as in previous years at Newton Heath, Stretford Road and Shakespeare Street Clinics. There has been no change in the personnel and eleven sessions per week have been devoted to this work.

The defects treated have been plantar warts, corns, afflictions of the toe nails and deformities of the toes. Sundry corrective appliances have been made and issued for deviation of the toes and correction of pronation of the forefoot.

There has been a marked increase in the number of plantar warts referred for treatment and almost half the number of cases discharged were for this condition. As the treatment of warts is considered a priority, it was necessary to make some adjustment in the duty schedule to meet the demand at particular clinics. This occurred at Shakespeare Street Clinic in June, and at Newton Heath Clinic at the end of the year.

No school surveys have been undertaken during the year, but the 36 children remaining from the survey in the previous year have been treated and there is now only a small number of children on the waiting list. It was not thought advisable to undertake a further survey in view of the increased number of cases requiring priority treatment.

Attendances at the clinics have been very satisfactory and the co-operation of parents and teachers has again been appreciated throughout the year.

Total number referred for treatment during the year.....	570
From school medical officers	440
„ parents and teachers	94
„ school survey	36
Waiting list on 31st December, 1957.....	264
Total number of children treated	957
„ „ receiving treatment at 31st December, 1958.....	318
„ „ awaiting treatment at 31st December, 1958	18

The statistical details of work done at the three clinics during the year are as follows :—

	<i>Newton Heath Clinic</i>	<i>Stretford Road Clinic</i>	<i>Shakespeare Street Clinic</i>
Number of children:—			
treated	329	314	314
discharged	225	226	188
receiving treatment on 31st December, 1958	104	88	126
awaiting treatment on 31st December, 1958	17	—	1
Total number of treatments given.....	1474	1775	1366
Appliances made and issued	70	158	92

TABLE OF DEFECTS TREATED
Receiving treatment at
31st December, 1958

Cases discharged
during year

	<i>Newton Heath Clinic</i>	<i>Stret- ford Road Clinic</i>	<i>Shakes- peare Street Clinic</i>	<i>Newton Heath Clinic</i>	<i>Stret- ford Road Clinic</i>	<i>Shakes- peare Street Clinic</i>
Plantar warts.....	24	24	19	105	113	96
Corns	8	14	7	20	14	7
Toe nails	6	—	6	15	13	9
Deformity of the lesser toes.....	31	38	51	53	55	27
Deformity of the great toe	24	8	32	13	10	17
Flat foot.....	1	—	2	2	1	1
Sundry minor defects ...	10	4	9	17	20	31
TOTALS.....	104	88	126	225	226	188

ROAD ACCIDENTS

The following statistical review of Manchester school children involved in road accidents in the City during 1958 has been prepared by the Manchester Teachers' Safety First Panel from figures supplied by the Manchester City Police.

SCHOOL CHILDREN AGED 5 TO 15 YEARS INJURED IN ROAD ACCIDENTS DURING 1958

<i>Cause of Accident</i>	<i>5-7 years</i>		<i>8-11 years</i>		<i>12-15 years</i>		<i>Totals</i>	<i>Grand</i>	
	<i>Boys</i>	<i>Girls</i>	<i>Boys</i>	<i>Girls</i>	<i>Boys</i>	<i>Girls</i>	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
•TO PEDESTRIANS									
Carelessly crossing the road ...	145	56	93	50	28	29	266	135	401
Careless vehicle driver	9	9	18	18	1	10	28	37	65
Playing in road	2	4	2	1	—	—	4	5	9
Holding on to rear of vehicle	1	—	1	—	—	—	2	—	2
Totals	157	69	114	69	29	39	300	177	477
•TO CYCLISTS									
Careless driver of other vehicle	—	—	4	2	25	2	29	4	33
Careless turning	—	—	5	5	6	1	11	6	17
Careless negotiation	1	—	9	3	14	—	24	3	27
Careless overtaking... ..	—	—	1	—	4	—	5	—	5
Defective cycle	—	—	2	—	14	—	16	—	16
Inattentive	2	1	18	4	42	6	62	11	73
Inexperienced	—	—	1	—	—	—	1	—	1
Swerving	1	—	3	—	5	—	9	—	9
Other causes	—	—	1	—	2	—	3	—	3
Totals	4	1	44	14	112	9	160	24	184

<i>Cause of Accident</i>	5-7 years		8-11 years		12-15 years		Totals		Grand
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Total
To PASSENGERS									
Carelessly boarding or alighting from P.S.V....	1	1	3	2	1	1	5	4	9
Falling inside or from P.S.V.	3	5	2	3	4	10	9	18	27
In vehicle involved in collision	3	5	8	11	4	6	15	22	37
Stealing a ride...	3	2	2	1	—	—	5	3	8
Totals ...	10	13	15	17	9	17	34	47	81
Grand Totals ...	171	83	173	100	150	65	494	248	742

SCHOOL CHILDREN KILLED IN ROAD ACCIDENTS DURING 1958									
Pedestrians ...	2	1	—	—	1	—	3	1	4
Cyclists ...	—	—	2	—	—	—	2	—	2
Passengers ...	—	—	—	—	1	—	1	—	1
Totals ...	2	1	2	—	2	—	6	1	7

MISCELLANEOUS MEDICAL EXAMINATIONS

The scrutiny of the medical questionnaires for clerical and caretaking staffs before appointment has continued. In December, 1957, the Committee decided to extend this scheme to newly appointed teaching staff and this has considerably reduced the number requiring a full medical examination by medical officers in the School Health staff.

Persons appointed to the non-academic staff of the Manchester College of Science and Technology also completed statements of their medical history.

As required by the Ministry of Education regulations, Manchester applicants for admission to any teacher training colleges, and all students completing a course at the Committee's teacher training colleges were medically examined.

Medical examinations were arranged for entrants to the Committee's Nursery training course at Southall Street Centre and for students attending certain courses at the Manchester College of Housecraft and the Domestic and Trades College.

Thanks are due to Dr. R. Walshaw, Medical Director of the Regional Hospital Board's No. 2 Mass Miniature Radiography Unit, for his continued co-operation in arranging for certain classes of employees to have chest X-rays.

Statistical details are as follows:

New appointments, teachers; full medical examination ...	169
New appointments, teachers; questionnaires ...	278
New appointments, other staff; full medical examination ...	202*
New appointments, other staff; questionnaires ...	262*
Nursery students ...	19
Staff resuming after prolonged illness ...	25
Students entering training colleges (including non-teacher training courses) ...	222
Students leaving Manchester training colleges...	280
Total ...	1,457

* Includes staff at Manchester College of Science and Technology.

MEDICAL EDUCATION

It has been customary for many years to afford opportunities for doctors and others to visit clinics and special schools. This practice continued during 1958 and there were regular visits by parties of medical students from the Department of Child Health and a series of visits was arranged for medical officers from nearby hospitals, who were studying for the Diplomas in Child and Public Health.

Students from the Education Committee's Nursery Training Centre attended clinics during their course and there have been numerous visitors to the Committee's Special Schools, in particular to the Margaret Barclay School, where the growing public concern for the spastic child has been reflected in an increasing interest in the work carried on there.

A school medical officer devoted one afternoon each week during school terms to lecture to students of the pre-nursing course at the College of Technology.

A local training course for the health visitors certificate is arranged by the Health Department every year. This includes four weeks' practical experience in school nursing work and during this period a comprehensive series of visits is arranged to acquaint students with all aspects of the School Health Service.

In addition, lectures have been given to medical and teacher training students by the Senior Medical Officer and his deputy.

HEALTH EDUCATION

The School Health Service has again participated in the Health Department's scheme for Health Education by distributing the monthly magazine "Better Health" to parents attending school clinics with their children and also by displaying in clinics a wide variety of posters published by the Health Education Council.

Medical Officers have given lectures to parent-teacher associations and to groups of senior pupils. Medical officers, dentists and school nurses also gave advice to children and parents during the normal course of their duties.

Lectures by senior medical officers were given in training colleges to those about to qualify as teachers and these have been supplemented by visits to school clinics.

The School Health Service co-operated in the Home Office Campaign against accidents in the home—the "Guard that Fire" campaign—which was held during November. Posters were displayed in clinics, suitable notes for lectures distributed to schools and pictorial gum labels attached to all outgoing letters for one month.

CO-OPERATION WITH PRIVATE PRACTITIONERS AND HOSPITALS

Family doctors were, as usual, informed whenever a school medical officer considered that a consultant's opinion was desirable or a pupil required hospital treatment. This procedure gave practitioners the choice of making the arrangements themselves or agreeing that they should be undertaken by the School Health Service. In the latter circumstances, the practitioner always received the consultant's report direct or a copy.

Private practitioners were also informed when any child-patients were about to enter hospital for operative treatment for tonsils and adenoids under arrangements made by the Service.

During the year, 234 children were referred in accordance with this procedure and in only fourteen instances did the private practitioners express a wish to deal with the cases themselves.

EMPLOYMENT OF CHILDREN

In accordance with the City of Manchester Bye-laws, children of thirteen years and over, may take part-time employment during specified times after school hours, provided that they are in good health.

During the year, 2,770 children were medically examined and all except nine were licensed for part-time employment. Of the nine, seven received treatment and were then allowed to work, two were rejected as unfit. In addition, 88 children were found to have minor defects and probationary licences were issued until they had received the necessary treatment at local school clinics.

CLOTHING AND FOOTWEAR

The Education Act, 1948, gives Education Authorities the power to provide footwear and clothing for children who otherwise would be prevented from obtaining the full benefit of the education provided for them. In accordance with the scales laid down by the Education Committee, parents may be asked to pay part of the cost.

All cases are recommended by head teachers whose interest and co-operation have been of great value.

During the year ending 31st December, 1958, clothing and footwear were provided for 1,050 children.

In addition, clothing was provided for pupils in attendance at the Committee's boarding special schools and also, in some instances, at independent residential schools.

MOBILE SHOWER UNIT

During the year the Mobile Shower Unit provided 16,239 warm shower baths to children of eight years and over attending seventeen of the Committee's schools; an increase of 1,157 baths over the number provided in 1957.

A total of 25 working days was lost during the year owing to inclement weather (thirteen days), mechanical failures (five days), other school activities (three days), repair work at schools (two days), sickness (two days).

The Committee considered the provision of a second mobile shower unit but decided instead to install permanent showers if possible at schools in the central areas of the city where improvements are being made to sanitary facilities. Work is already proceeding on permanent showers at Medlock Secondary School.

THE YOUTH EMPLOYMENT SERVICE AND THE HANDICAPPED CHILD

Mr. E. G. Greenwell, the Supervisor of the Manchester Youth Employment Service, reports:

“In advising children regarding their future employment it is essential, particularly in the case of those with some occupational handicap, to have the benefit of advice from the school medical officer. In this connection there is excellent co-operation between the School Health Department and the Bureau. Initially it takes the form of a confidential report on which contra-indications are marked to show why pupils should not enter occupations involving :—

- | | |
|--|--|
| 1. Heavy manual work | 10. Work near moving machinery or moving vehicles |
| 2. Sedentary work | 11. Work at heights |
| 3. Indoor work | 12. Normally acute vision |
| 4. Prolonged standing, much walking, or quick movement from place to place | 13. Normal colour vision |
| 5. Exposure to bad weather | 14. Normal use of hands |
| 6. Wide changes in temperature | 15. Handling or preparation of food |
| 7. Work in damp atmosphere | 16. Work requiring freedom from damp hands or skin defects |
| 8. Work in dusty atmosphere | 17. Normal hearing |
| 9. Much stooping | |

With the wide range of industry in Manchester and the many thousands of individual employers, it is possible in most cases to place the handicapped school leaver into what might be called ‘earning-and-learning’ posts. But where the disability is great, and where it may be too much to expect an employer to assume the responsibility of both teaching the job and paying wages at the same time, the Youth Employment Bureau arranges for the young person to be admitted to the Government Training Centres, Rehabilitation Units or to the other residential training establishments such as the Queen Elizabeth Centre at Leatherhead, or at St. Loyes at Exeter. Recourse to all these has been made during the past year and, after such pre-employment training courses, the Youth Employment Officers have been better enabled to canvas for appropriate vacancies on behalf of the trainees.

The boys and girls, leaving the Committee’s Special Schools, who are suffering from physical disabilities or who are below average in educational standards require and indeed rely upon particular care when they transfer from the environment of the School which has been adapted to their needs into the complex world of employment. Here, the Youth Employment Bureau can do important work for such children. Although the Bureau has not as yet a separate department for such work—as have some other L.E.A.’s, the Youth Employment Officers in Manchester share these duties of giving individual attention to the handicapped young people in the City. At the Central Bureau it is possible for one experienced officer to concentrate part-time in this field.

The first essential is to build up and maintain close contact with Personnel Officers and others concerned in industry so as to be in a position to select openings in which the boy or girl will find the right atmosphere for his particular needs and temperament; for to place those with limited ability

in undertakings where the tempo of work is set high would obviously be unwise.

These reports, which are passing continually throughout the year, are the first means of concentrating the attention which is then given to each individual. They are supplemented when necessary by further consultation and, in certain cases, by contact with Hospital Medical Officers and Almoners.

The number of special school leavers during the past year whom the Bureau has assisted is as follows :—

Bostock Hall Boarding (E.S.N.) School	...	...	...	10
Cheetham Day Special (E.S.N.) School	...	...	...	7
Crumpsall Day Open-Air School	...	...	...	20
Embden Street Day Special (E.S.N.) School	...	...	...	7
Gorton Day Special (E.S.N.) School	...	...	...	27
Grange Street Day Special (E.S.N.) School	...	...	...	15
Hague Street Day Special (E.S.N.) School	...	...	...	14
Lancasterian Day Special (Cripples) School	...	...	...	17
Margaret Barclay Residential (Cripples) School	...	...	...	1
The Park Day Special (E.S.N.) School	...	...	...	9
Soss Moss Residential Special (Epileptic) School	...	...	...	2
Great Moreton Hall Boarding (Delicate) School	...	...	...	3
Old Moat Day School Class for Partially Sighted	...	...	...	4
Total				136

It will be noted that the largest group in the above list is from the schools for educationally sub-normal boys and girls—young people who have required special teaching methods and who, on leaving school, have a more limited choice of employment in this competitive working world than the brighter (or more educationally equipped) children. These youngsters are usually less able to make decisions for themselves, are more vulnerable to exploitation, and in greater need of tolerance from those in charge of them at work. But with an understanding attitude from such people—and there are, fortunately, many such firms known to the Bureau—it cannot be emphasised too strongly that there are many jobs which can be carried out very well indeed by those who have apparently a limited intelligence. Indeed it would seem that nature can compensate for deficiencies by awarding other qualities, qualities which may count for nothing in the academic assessments but are not without value in a working life, provided that the right job can be found.

The After Care Committee, presided over by the Senior Medical Officer, has continued its useful work this year of following up each separate case. On this Committee is represented the Youth Employment Bureau, the School Inspectorate, the School Welfare Officers and the School Health Department.

Finally, it is desirable here to express our view that in the coming years there is evidence—from the increasing number of school leavers (the ‘bulge’) that this work of assisting handicapped children may encounter greater difficulties. Such young people have, in recent years, benefited from the labour shortage, and our approaches to employers have been strengthened by the latter’s knowledge that few, if any, normal juveniles were available. In the period ahead, however, when the numbers of normal school leavers

will exceed the number of jobs which are immediately available, it may be expected that in the face of this greater competition for employment, those who are weaker in ability will suffer. This prospect suggests that perhaps consideration should be given to strengthening the Youth Employment Service by seconding a special officer to deal wholly with disabled children and concentrate on finding them suitable vacancies.”

PHYSICAL EDUCATION

Report of the Organisers of Physical Education for the year ended 31st December, 1958.

“The year 1958 began with the Manchester Education Committee having more equipped gymnasia than at any time during its history. The sorely needed playing fields, however, were not forthcoming with the same speed and regularity. The need for more playing fields attached to the school sites cannot be too strongly stressed.

Further equipment has been supplied to schools, another secondary school hall has been equipped as a gymnasium. A junior school has been equipped with fixed gymnastic apparatus. If this is proved to be satisfactory, further halls will be equipped in this type of school.

There is a serious shortage of men teachers of physical education; seven schools are in urgent need of men qualified to teach in equipped gymnasia. There are 36 equipped gymnasia in the City and seventeen school halls have been fitted with fixed gymnastic apparatus.

REFRESHER COURSES FOR TEACHERS

During the period under review the following refresher courses for teachers have been held:

<i>Type of Course</i>	<i>No. of teachers attending</i>	<i>No. of Sessions</i>	<i>Duration in Hours</i>
Physical education for men teachers in secondary schools	20	4	10
Physical education for teachers in primary schools	47	12	30
Physical education for women teachers in secondary schools	27	8	20
Cricket coaching at Committee’s indoor school	52	36	108
Tennis coaching	17	2	4
Dance.....	43	4	8
Physical education in infant schools	148	12	30

SWIMMING AND LIFE SAVING

The valuable work done by the Committee’s swimming teachers was reflected in the presentation of the National Shield for Life Saving. This shield is given yearly to the Education Authority gaining the greatest number of life saving awards during the year.

Many other life saving awards were gained, including five other shields and 951 medallions.

Altogether 336,446 boys and 207,705 girls, a total of 544,151 attended the baths and 9,492 participated in land drill.

ANNUAL SWIMMING TESTS

The following table shows the number of children who passed the various tests held in July and who were awarded a pass to the baths by the Baths Department:—

<i>Boys</i> —Test	I	.....	1,513
„	II	.....	1,050
„	III	.....	1,007
„	IV	.....	836
			<hr/> 4,406
<i>Girls</i> —Test	I	.....	1,031
„	II	.....	632
„	III	.....	526
„	IV	.....	330
			<hr/> 2,519
Total.....			6,925

SCHOOL SWIMMING GALAS

There were 22 individual school swimming galas held during 1958. Excellent work was done by the Manchester Schools' Swimming Association and the following is a report by the Hon. Secretary, Mr. J. B. Banks, Rusholme Secondary School:—

“For the ninth consecutive year, the Association team was successful in winning the Palatine Cup for the Championship of all Lancashire. Altogether 57 swimmers from 45 Manchester schools were awarded their Manchester Badge. Seventeen of these swimmers were chosen to represent the Lancashire County team against Cheshire and Cumberland. Two of them, Brenda Shoreman (Abbot Street School) and David Timperley (Openshaw Technical) were honoured by selection to compete at the English Schools' Swimming Association Championships at Rochdale, with M. Connolly (St. Malachy's Boys') in reserve.

There are 150 schools taking an active part in our organisation, sending teams to compete in our regular weekly inter-school engagements and by entering swimmers in our events for Individual Championships at our eight District Galas.

In the Inter-Town Competitions promoted by the Northern Counties A.S.A., the Manchester Girls' team of six swimmers was successful in winning the Championship Shield, defeating, in the final tie, a strong Carlisle team, Liverpool and Stoke. Our boys' team secured first place, also, in the final, defeating a very strong Wallasey team, Liverpool and Salford, but were unfortunately disqualified for an infringement of the turning rules.

In the Schoolboy Team Championship of England, promoted by the Amateur Swimming Association, a team of four swimmers from Openshaw Technical School secured fourth place in the all England final tie.

In May, the Dublin Association invited a team of three swimmers to go to Dublin to compete against teams from Dublin, Motherwell and Cardiff. Our Manchester swimmers proved their superiority by winning the event.”

PLAYING FIELDS

The wet summer, autumn and winter terms have seriously interfered with games, owing to the extremely wet pitches. Some schools were deprived of games between November and the spring term.

Newly laid playing fields attached to new schools will soon be ready for use and will overcome a difficulty which has deprived many schools of games in the past. The news that the Mersey Bank fields are to be prepared is indeed welcome and will be extremely valuable.

INDOOR CRICKET SCHOOL

The Indoor Cricket School is well established and is being used each day of the week. During the short time it has been opened three training courses for teachers have been held and 30 teachers have been awarded the coaching certificate. Mr. Moseley, a teacher at Grange Secondary School, who holds the M.C.C. Coaching Certificate, is to be congratulated on the extremely valuable work he has done since the school opened, and many teachers and schoolboys have been enriched by the valuable coaching he has given to them.

TEACHERS' PHYSICAL EDUCATION ASSOCIATION

The Manchester Teachers' Physical Education Association continues to flourish. Weekly meetings have been held throughout the year at the Y.M.C.A.

SCHOOLS' BOXING ASSOCIATION

Report of the Hon. Secretary, Mr. L. Jones:—

“The number of schools in membership is 36. The Association organised a competition for the Manchester individual championship prior to the National Championships and the individual winner in each age and weight group went on to the Lancashire Quarter Finals. In the Lancashire Semi-finals 21 Manchester boys represented the City and thirteen in the County Finals. Manchester had five boys who were County Champions, five North of England Champions and one National Champion. Four Manchester schoolboys represented the North of England against the South and two boxed for England against Wales. In the *News Chronicle* Trophy Championships, Stanley Grove School was the winner, with Ravensbury Secondary “runner up”. In all, six major tournaments were staged during the year, and many inter house and school tournaments. Manchester boys also had tournaments at Oldham, Stretford, Norwich, Brighton and Plymouth. The Association continues to prosper and has a full programme for the coming year.”

BASKET BALL ASSOCIATION

The Schools' Basket Ball Association is well established. They have overcome the initial difficulties of a newly formed body and are now competing with other towns and cities.

HOCKEY

A Schools' Hockey Association has been formed. Twelve Secondary Modern Schools affiliated and attended the inaugural rally in September.

NETBALL

The Schools' Netball Association is doing excellent work. Many tournaments have been held and the Association looks forward to welcoming the South African team in March.

RUGBY FOOTBALL

Rugby Football is well established in the City schools. The provision of rugby pitches attached to schools has been wanted for a long time and they are being used to capacity.

ASSOCIATION FOOTBALL

The Manchester Schools' Football Association continues to do good work and great credit is due to the hundreds of teachers who give freely of their time in the interests of Manchester schoolboys.

SCHOOLS' FOLK DANCE SOCIETY

The Schools' Folk Dance Society continues to organise the following annual events:

1. Folk Dance Festival
2. Four Open Air Parties
3. Christmas Parties.

MANCHESTER SCHOOLS' ATHLETIC ASSOCIATION

Report of the Hon. Secretary, Mr. D. W. Stewart:—

“The first competition of the Schools' Athletic Association Calendar for the year was the Third Annual Cross Country Championships, which were held in Wythenshawe Park. In all, 23 schools entered a total of 51 teams, approximately 400 individual runners taking part in races arranged for four different age groups.

Mr. E. Royles of Plant Hill Secondary School, who this year became Secretary of this sub-section of the Association, is to be warmly congratulated on the success of the meeting.

We were pleased to welcome two schools who were new to this competition, William Hulme's Grammar School and Mobberley Boys' School. It is interesting to note that many schools are developing this sport on intra-school basis and that it is rapidly becoming a feature of the extraneous activities of a number of the schools of the City.

Teams representing Manchester will be competing in the Lancashire Schools' Cross Country Championships at Preston on Saturday, 28th February.

Arrangements are already well in hand for the 18th Championship Sports to be held on Saturday, 9th May, at the White City Stadium, Stretford, and for the 60th Annual Belle Vue Sports on Wednesday, 24th June. This

year, the triangular Meeting held annually between Blackburn, Blackpool, and Manchester, is to be staged on a ground in the City.

In an attempt to interest more teachers in athletic activities, the Association is staging a course for teachers, in which training techniques for both Track and Field events will be explained by experienced teacher coaches. The Course will be introduced by Mr. R. St. G. Harper of the Manchester University.

The Association will also be vitally interested in the Lancashire Schools' Festival on 13th June and the English Festival, to be held at Northwich, on 17th and 18th July.

This calendar would suggest an active programme for a large number of girls and boys from Manchester schools and a busy time for many teacher coaches and for the officers of the Association."

SCHOOL MEALS SERVICE

Mrs. D. Chesters, the Assistant Education Officer, in charge of the School Meals Service, has kindly prepared the following report:—

"The total number of school dinners produced in the Committee's canteens and kitchens in the year ended 31st December, 1958, was 10,115,226, the highest figure yet attained.

Particulars are given below of the number of canteens in operation and the number of dinners served to children only on a typical day in each term.

<i>A day in</i>	<i>Number of Canteens</i>	<i>Number of Dinners served to children</i>				<i>Percentage of children having dinner in relation to the number in school</i>
		<i>Free</i>	<i>Part- Payment</i>	<i>Full- Payment</i>	<i>Total</i>	
February, 1958	292	5,679	151	40,770	46,600	45.38
June, ,,	293	5,943	170	37,805	43,918	42.5
October, ,,	296	6,465	123	42,896	49,484	47.2

In addition teas were served to children in care clubs and other refreshments to pupils who wished for them.

THE UNIT GRANT

The unit grant approved by the Ministry of Education for the financial year 1957/58 was

Food 9.26d. Overheads 13.75d.

In notifying the Authority of this grant the Ministry said that they would be unable to accept, for other years, a cost level above that required to provide meals of the standard recommended in Circular 290.

FOOD AND NUTRITION

Towards the end of 1957 the Committee had agreed to the inclusion of certain cheaper cuts of meat in the new contracts in order to reduce food costs without reducing the food value of the meal and so conform with the Ministry's recommendations. Courses were arranged early in 1958 to familiarise supervisors with the new buying pattern for meat, the making of a twenty-day menu and ways of making finished dishes more attractive. The Committee obtained the services of an expert demonstrator who is also a

dietician and held three courses in different parts of the City. Every supervisor attended four half-day sessions. The value of the courses has been apparent. There has been more variety in the menus, an improvement in the presentation of dishes, particularly at self-contained canteens, and, without loss of food value, an overall approximation to the costs likely to meet with Ministry approval.

There was a slight increase in the cost of meat owing to strikes but on the whole food prices have remained steady. There was a shortage of potatoes for some weeks in the summer and substitutes such as bread, rice, etc., had to be used for half the normal serving.

FOOD POISONING

After a close, hot night in July there was an outbreak of food poisoning among the pupils and staff of thirteen schools supplied from Burnage Central Kitchen. The Medical Officer of Health reported that the outbreak could be attributed to *staphylococcus aureus* with which pickled tongue and been infected during preparation in the canteen and which had multiplied during the long cooling process. As a result supervisors of canteens have been instructed that pickled tongue and similar meat that requires a lot of handling should not be used during the summer months and that when it is used rapid cooling should be ensured.

COMMITTEE MEMBERS' VISITS TO CANTEENS

Members of the School Meals Sub-Committee visited self-contained canteens, central kitchens and dining centres on three days in May. Sixteen establishments were visited and the members dined with the pupils each day.

SURVEY OF THE SCHOOL MEALS SERVICE IN MANCHESTER BY H. M. INSPECTORS

Perhaps the major event of the year has been this Survey which was carried out by a team of Inspectors during the first three months of the year. The subsequent Ministry of Education Report states that the Inspectors used a sampling procedure which ensured the inclusion of every type of school and every age-group of building. All twelve central kitchens were inspected.

The general quality of the meals supplied is stated to be satisfactory, the Inspectors suggesting only that more varied meals might be served on Mondays and that more salads and accompaniments might be provided. The staffing of kitchens and dining rooms was found to be satisfactory.

The report commented on the arrangements for the conveyance of meals from central kitchens, the return of empty containers and the condition of the containers. Representations have been made to the department concerned with transport arrangements and some improvements have been, and will continue to be made. The repair and regular maintenance of containers has been dealt with by the employment of mobile workshops which will visit the kitchens twice a year. By the end of March, 1959, all defective containers will have been repaired or replaced.

The Report mentions the obviously good results of the courses held in the spring and suggests that training schemes should be continued and extended for all categories of personnel. The possibility of setting up a permanent training centre is being investigated.

TRAINING SCHEME FOR SCHOOL LEAVERS

Of the first six school leavers appointed as trainees last year one has resigned and the others are making satisfactory progress. There was a further intake of six trainees this year.

THE STANDARD CHARGE FOR SCHOOL DINNERS

The standard charge for school dinners remains unaltered at 1s.

INCOME SCALES FOR THE REMISSION OF CHARGES

Because of increases in the benefits paid by the Ministry of Pensions and National Insurance and by the National Assistance Board it was found that some families whose only source of income was from these benefits were above the scale for the provision of free school meals. The Committee, therefore, approved suitable increases in the upper limits of the income scale used for calculating the remission and part-remission of charges.

BUILDING SCHEMES

The Committee proposed to spend £24,000 on minor building projects in 1958/59, but owing to the continued need for economy the Ministry of Education were able to approve an expenditure totalling only £17,500.

Canteens for dining only were provided at eight schools.

During the year self-contained canteens were opened at Nicholls Secondary Fallowfield C.E. Technical High and Sharston Secondary Schools.

Closure:—one dining centre in hired premises and two schools which had canteens for dining only were closed.

MILK IN SCHOOLS SCHEME

The provision of free school milk has been maintained satisfactorily to all schools in term-time. Pasteurised milk has been supplied to every school. The permitted quantity remains at one third of a pint per day for pupils in primary, secondary and special schools and two-thirds of a pint for pupils attending special schools for delicate children.

Milk suppliers have given good service and there have been no complaints of the quality of the milk they have supplied.

The number of children present in schools and the number taking milk on a day in September, 1958, were as follows:—

<i>Type of School</i>	<i>Number of Pupils (including boarders)</i>		<i>Percentage of number in attendance having milk</i>
	<i>Present</i>	<i>Taking Milk</i>	
MAINTAINED SCHOOLS			
Primary (including all age)	77,776	72,713	93.49
Secondary	27,702	20,323	73.36
Special	1,231	1,181	95.93
Nursery	198	193	97.46
TOTALS.....	106,907	94,410	
NON-MAINTAINED SCHOOLS			
Direct Grant Grammar	6,023	4,401	73.07
Independent Schools	1,648	1,417	85.98
	7,671	5,818	
TOTALS FOR ALL SCHOOLS	114,578	100,228	

MINISTRY OF EDUCATION ANNUAL RETURNS

YEAR ENDED 31ST DECEMBER, 1958

Number of pupils on registers of primary and secondary schools (including nursery and special schools) in January, 1959.....115,710

PART I—MEDICAL INSPECTION OF PUPILS ATTENDING PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

TABLE A

PERIODIC MEDICAL INSPECTIONS

<i>Age Groups Inspected</i>	<i>No. of Pupils Inspected</i>	<i>Physical Condition of Pupils Inspected</i>			
		<i>SATISFACTORY</i>		<i>UNSATISFACTORY</i>	
		<i>Number</i>	<i>% of Col. 2</i>	<i>Number</i>	<i>% of Col. 2</i>
(1)	(2)	(3)	(4)	(5)	(6)
1954 and later	2,169	2,086	96.2	83	3.8
1953	4,225	4,113	97.3	112	2.7
1952	4,021	3,910	97.2	111	2.8
1951	1,240	1,202	96.9	38	3.1
1950	477	457	95.8	20	4.2
1949	5,504	5,333	96.9	171	3.1
1948	4,377	4,271	97.6	106	2.4
1947	1,343	1,312	97.7	31	2.3
1946	284	277	97.5	7	2.5
1945	2,866	2,783	97.1	83	2.9
1944	3,384	3,280	96.9	104	3.1
1943 and earlier	2,016	1,971	97.8	45	2.2
Total	31,906	30,995	97.1	911	2.9

TABLE B

PUPILS FOUND TO REQUIRE TREATMENT

(excluding Dental Diseases and Infestation with Vermin)

<i>Age Groups Inspected</i>	<i>For Defective Vision (excluding squint)</i>		<i>For any of the other conditions recorded in Part II</i>	<i>Total Individual Pupils</i>
	(1)	(2)	(3)	(4)
1954 and later		14	657	666
1953		145	1,340	1,420
1952		192	1,255	1,344
1951		105	445	498
1950		67	175	205
1949		721	1,382	1,800
1948		650	1,012	1,556
1947		235	356	565
1946		48	103	132
1945		548	594	983
1944		679	686	1,189
1943 and earlier		647	399	917
Total		4,051	8,404	11,275

TABLE C
OTHER INSPECTIONS

Number of Special Inspections	22,747*
Number of Re-inspections	34,804†
Total	57,551

Notes.—* A special inspection is one that is carried out at the request of a parent, doctor, nurse, teacher or other person.

† A re-inspection is an inspection arising out of one of the periodic medical inspections or out of a special inspection.

TABLE D
INFESTATION WITH VERMIN

(a) Total number of individual examinations of pupils by school nurses or other authorised persons	371,033
(b) Total number of individual pupils found to be infested.....	10,143
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2) Education Act, 1944)	1,226
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3) Education Act, 1944)	583

PART II—DEFECTS FOUND BY MEDICAL INSPECTION DURING THE YEAR

TABLE A
PERIODIC INSPECTIONS

<i>Defect or Disease</i>	<i>Entrants</i>		<i>Leavers</i>		<i>Others</i>		<i>Total</i>	
	(T)	(O)	(T)	(O)	(T)	(O)	(T)	(O)
Skin	411	60	299	17	326	48	1,036	125
Eyes—								
(a) Vision	534	649	1,848	365	1,669	831	4,051	1,845
(b) Squint	449	166	195	19	435	57	1,079	242
(c) Other	80	24	32	58	74	52	186	134
Ears—								
(a) Hearing	86	139	53	35	102	48	241	222
(b) Otitis Media	188	181	90	85	133	117	411	383
(c) Other	153	41	72	23	153	31	378	95
Nose and Throat ...	1,341	975	177	88	546	450	2,064	1,513
Speech	140	220	30	9	91	47	261	276
Lymphatic Glands	54	128	6	8	13	60	73	196
Heart	65	190	49	64	62	109	176	363
Lungs.....	371	264	72	44	142	130	585	438
Developmental—								
(a) Hernia	29	41	3	1	11	14	43	56
(b) Other	54	233	38	10	79	131	171	374
Orthopaedic—								
(a) Posture	64	51	30	29	46	48	140	128
(b) Feet	312	183	127	51	207	82	646	316
(c) Other	217	257	106	33	125	74	448	364
Nervous System—								
(a) Epilepsy ...	17	24	10	10	25	11	52	45
(b) Other	103	29	27	6	38	16	178	51
Psychological—								
(a) Development	32	48	31	6	159	83	222	137
(b) Stability	88	227	49	19	133	110	270	356
Abdomen	44	40	19	11	44	38	107	89
Other	281	143	145	65	198	110	625	318

TABLE B
SPECIAL INSPECTIONS

<i>Defect or Disease</i>	<i>Requiring treatment</i>	<i>Requiring observation</i>
Skin	3,978	9
Eyes—		
(a) Vision	11,379	1,722
(b) Squint	2,845	873
(c) Other	1,615	7
Ears—		
(a) Hearing	470	15
(b) Otitis Media	287	18
(c) Other	1,571	5
Nose and Throat	1,577	70
Speech	106	26
Lymphatic Glands	14	9
Heart	27	22
Lungs.....	140	33
Developmental—		
(a) Hernia	5	7
(b) Other	25	14
Orthopaedic—		
(a) Posture	154	9
(b) Feet	145	9
(c) Other	112	1
Nervous System—		
(a) Epilepsy	11	102
(b) Other	49	16
Psychological—		
(a) Development	314	147
(b) Stability	280	30
Abdomen	21	12
Other	14,505	26

PART III—TREATMENT OF PUPILS ATTENDING MAINTAINED
AND ASSISTED PRIMARY AND SECONDARY SCHOOLS
(INCLUDING NURSERY AND SPECIAL SCHOOLS)

TABLE A
EYE DISEASES, DEFECTIVE VISION AND SQUINT

	<i>Number of cases known to have been dealt with</i>
External and other, excluding errors of refraction and squint ...	1,888
Errors of refraction (excluding squint)	11,365
Total	13,253
Number of pupils for whom spectacles were prescribed	6,692

TABLE B
DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	<i>Number of cases known to have been dealt with</i>
Received operative treatment—	
(a) for diseases of the ear	29
(b) for adenoids and chronic tonsillitis	2,079
(c) for other nose and throat conditions	101
Received other forms of treatment	4,566
Total	6,775

DISEASE AND DEFECTS OF EAR, NOSE AND THROAT

	<i>Number of cases known to have been dealt with</i>
Total number of pupils in schools who are known to have been provided with hearing aids:	
(a) in 1958	4
(b) in previous years	61

TABLE C
ORTHOPAEDIC AND POSTURAL DEFECTS

	<i>Number of cases known to have been treated</i>
(a) Pupils treated at clinics or out-patients departments	882
(b) Pupils treated at school for postural defects	—
Total	882

TABLE D
DISEASES OF THE SKIN
(excluding uncleanliness, for which see Table D of Part I)

	<i>Number of cases known to have been treated</i>
Ringworm—	
(a) Scalp	12
(b) Body	26
Scabies	289
Impetigo	153
Other skin diseases	4,008
Total	4,588

TABLE E
CHILD GUIDANCE TREATMENT

	<i>Number of cases known to have been treated</i>
Pupils treated at Child Guidance Clinics	353

TABLE F
SPEECH THERAPY

	<i>Number of cases known to have been treated</i>
Pupils treated by speech therapists	845

TABLE G
OTHER TREATMENT GIVEN

	<i>Number of cases known to have been dealt with</i>
(a) Pupils with minor ailments	15,518
(b) Pupils who received convalescent treatment under School Health Service arrangements	1,194
(c) Pupils who received B.C.G. vaccination	4,391
(d) Other than (a), (b) and (c) above please specify—	
Ultra-Violet Ray	716
Breathing Exercises	199
Disinfestation	3,286
Poliomyelitis Vaccination	32,369
Diphtheria Immunization	
Primary	3,528
Booster	6,300
Total: (a) to (d)...	67,501

PART IV—DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY

(1) Number of pupils inspected by the Authority's Dental Officers—	
(a) At Periodic Inspections	29,981
(b) As Specials.....	14,258
Total	44,139
(2) Number found to require treatment	33,867
(3) Number offered treatment	31,373
(4) Number actually treated.....	21,209
(5) Number of attendances made by pupils for treatment, including those recorded at 11(h)	46,006
(6) Half days devoted to—	
(a) Periodic (School) Inspection	243
(b) Treatment	5,990
Total	6,233
(7) Fillings—	
(a) Permanent Teeth	14,812
(b) Temporary Teeth	3,751
Total	18,563
(8) Number of teeth filled—	
(a) Permanent teeth	13,989
(b) Temporary teeth	3,316
Total	17,305
(9) Extractions—	
(a) Permanent teeth	10,420
(b) Temporary teeth	21,631
Total	32,051
(10) Administration of general anaesthetics for extraction	12,797
(11) Orthodontics—	
(a) Cases commenced during the year	343
(b) Cases carried forward from previous year	609
(c) Cases completed during the year	195
(d) Cases discontinued during the year	85
(e) Pupils treated with appliances.....	297
(f) Removable appliances fitted	422
(g) Fixed appliances fitted	119
(h) Total attendances	3,971
(12) Number of pupils supplied with artificial teeth	226
(13) Other operations—	
(a) Permanent teeth	9,048
(b) Temporary teeth	2,521
Total	11,569
(14) Oral Hygienist—	
(a) Number of children referred by dental officer	607
(b) Number of visits by children to clinic	1,256
(c) Number of treatments carried out	1,256
(d) Number of instructions in oral hygiene given	607
(e) Number of completed cases.....	510
(f) Number of half days devoted to treatment	348
(g) Number of half days given to visiting schools	4

PART V—HANDICAPPED PUPILS REQUIRING EDUCATION AT SPECIAL SCHOOLS APPROVED UNDER SECTION 9(5) OF THE EDUCATION ACT, 1944, OR BOARDING IN BOARDING HOMES

<i>Number of handicapped pupils during 1958—</i>									
	(1) <i>Blind</i> (2) <i>Partially sighted</i>	(3) <i>Deaf</i> (4) <i>Partially deaf</i>	(5) <i>Delicate</i> (6) <i>Physically handicapped</i>	(7) <i>Educationally subnormal</i> (8) <i>Maladjusted</i>	(9) <i>Epileptic</i>	<i>Total</i> (1)-(9)			
A. Newly placed in special schools (other than hospital special) or boarding homes	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
B. Newly assessed as needing special educational treatment at special schools or in boarding homes.	—	—	4	—	302	41	175	18	7
<i>Number of handicapped pupils from the Authority's area on 31st January, 1959—</i>	1	11	3	—	358	42	237	31	7
C. (i) On the registers of special schools as:									
(a) day pupils	—	—	26	—	227	160	566	—	—
(b) boarding pupils	28	2	46	3	238	48	100	25	40
(ii) On the registers of independent schools under arrangements made by the Authority	—	—	—	—	—	—	2	19	—
(iii) Boarded in homes and not already included under (i) or (ii)	—	—	—	—	1	—	27	1	—
Total C	28	2	72	3	466	208	695	45	40
D. Being educated under arrangements made under Section 56 of the Education Act, 1944—									
(i) in hospitals	—	—	—	—	—	52	—	—	—
(ii) in other groups (e.g. units for spastics, convalescent homes)	—	—	—	—	—	—	—	—	—
(iii) at home	—	—	—	—	—	32	—	—	—
E. Requiring places in special schools—									
(i) Total	—	42	—	—	15	22	193	9	—
(a) day	2	3	1	—	74	1	28	10	—
(b) boarding	—	—	—	—	—	—	—	—	—
Number of pupils included in the totals above—									
(ii) who had not reached the age of 5—									
(a) awaiting day places	1	1	2	—	—	5	4	—	—
(b) awaiting boarding places	—	—	—	—	—	1	—	—	—
(iii) who had reached the age of 5 but whose parents had refused consent to their admission to a special school—									
(a) awaiting day places	—	8	—	—	8	—	63	—	—
(b) awaiting boarding places	—	—	—	—	24	—	3	2	—
F. On the registers of hospital special schools									
G. Number of children reported to the local health authority during 1958—									
(a) under Section 57(3) (excluding any returned under (b))									
(b) under Section 57(3) relying on Section 57(4)									
(c) under Section 57(5) of the Education Act, 1944									
H. Amount spent during the financial year ended 31st March, 1958, on arrangements under SECTION 56 of the Education Act, 1944, for the education of handicapped pupils otherwise than at school									

£1,612 5s. 0d.

PART VI—SCHOOL HEALTH SERVICE STAFF AND SCHOOL CLINICS

1. STAFF OF THE SCHOOL HEALTH SERVICE (excluding Child Guidance)

	<i>Number of Officers</i>	<i>Numbers in terms of full- time officers employed in School Health Service</i>
(a) Medical Officers (including the Principal School Medical Officer)—		
(i) whole-time School Health Service ...	18	18
(ii) whole-time School Health and Local Health Service	2	0.1
(iii) general practitioners working part-time in the School Health Service	17A	4
(b) Speech Therapists	10	9.9
Physiotherapists	11	9
Chiropodists	2	1
(c) (i) School Nurses	73+7B	73+7B
(ii) Number of the above who hold a Health Visitor's Certificate	15	
(d) Nursing Assistants.....	10+6B	10+5.25B

	<i>Officers employed on a salary basis</i>		<i>Officers employed on a sessional basis</i>	
	<i>Number of Officers</i>	<i>Number in terms of full-time officers em- ployed in the School Dental Service</i>	<i>Number of Officers</i>	<i>Number in terms of full-time officers em- ployed in the School Dental Service</i>
(e) Dental Staff—				
(i) Principal School Dental Officer.....	1	0.9	—	—
(ii) Dental Officers	12	10.44	15	4.05
(iii) Orthodontists	—	—	1	0.025
Total	13	11.34	16	4.075

	<i>Number of Officers</i>	<i>Numbers in terms of full- time officers employed in School Dental Service</i>
(iv) Dental Attendants	18	15.6
(v) Other Staff—		
Anaesthetists	3	0.8
Dental Mechanics	3	2.7
Oral Hygienists	1	0.75

(2) NUMBER OF SCHOOL CLINICS: 17C

Notes.—A—including six visiting medical officers at Residential Schools.
B—employed in Residential Schools.
C—also one mobile dental unit operating four sessions weekly.

(3) TYPE OF EXAMINATION AND/OR TREATMENT PROVIDED AT THE SCHOOL CLINICS

*Number of School Clinics (i.e. premises)
where such treatment is provided*

<i>Examination and/or Treatment</i>	<i>Directly by the Authority</i>	<i>Under arrangements made with Regional Hospital Boards or Boards of Governors of Teaching Hospitals</i>
(a) Minor ailment and other non- specialist examination or treatment	11	1
(b) Dental	12	—
(c) Ophthalmic	1	—
(d) Ear, Nose and Throat	1	—
(e) Orthopaedic	2	—
(f) Paediatric	—	—
(g) Speech Therapy	10	—
(h) Cardio Rheumatic	1	—

(4) CHILD GUIDANCE CLINICS

(1) Number of Child Guidance Clinics provided by the Authority 1

(2) Staff of Clinics:

	<i>Number</i>	<i>Aggregate in terms of the equivalent number of whole- time officers</i>
Psychiatrists	4*	2.2*
Educational Psychologists.....	7	4.8
Psychiatric Social Workers	5	4.1

* One Psychiatrist (0.4 whole-time officer) made available by Regional Hospital Board.

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